



**APPLICATION FOR BUILDING PERMIT**  
**CONNECTICUT STATE BUILDING CODE (SBC 111.0)**  
**CITY/TOWN OF DERBY**

**(Please Print or Type All Entries)**

1. \_\_\_\_\_  
Date

2. \_\_\_\_\_  
Property Location Street Address

3. \_\_\_\_\_  
Lot #

4. \_\_\_\_\_  
Owner's Name (As it appears in the Land Records)

5. \_\_\_\_\_  
Street Address

\_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code

6. \_\_\_\_\_  
Home Phone #

\_\_\_\_\_ Work Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Mobile Phone #

7. \_\_\_\_\_  
Applicant's Name

8. \_\_\_\_\_  
Street Address

\_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code

9. \_\_\_\_\_  
Home Phone #

\_\_\_\_\_ Work Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Mobile Phone #

10. \_\_\_\_\_  
Contractor/General Contractor

11. \_\_\_\_\_  
Registration #

12. Permit Type:

a) <input type="checkbox"/> Building Permit	Estimated Cost _____
<input type="checkbox"/> Foundation	
<input type="checkbox"/> Tenant Fitout	
<input type="checkbox"/> Superstructure	
<input type="checkbox"/> Other	
b) <input type="checkbox"/> Electrical Permit	Estimated Cost _____
c) <input type="checkbox"/> Mechanical Permit	Estimated Cost _____
d) <input type="checkbox"/> Plumbing Permit	Estimated Cost _____
e) <input type="checkbox"/> Demolition Permit*	Estimated Cost _____
f) <input type="checkbox"/> Other _____	Estimated Cost _____
	<b>TOTAL</b> _____

13. Project Type:

a) <input type="checkbox"/> New Construction	f) <input type="checkbox"/> Relocation
b) <input type="checkbox"/> Addition	g) <input type="checkbox"/> Change of Use
c) <input type="checkbox"/> Alteration	h) <input type="checkbox"/> Article 32
d) <input type="checkbox"/> Repair/Replacement	i) <input type="checkbox"/> Designated Historic Structure
e) <input type="checkbox"/> Demolition*	

Is Structure within the 100 year flood plain:  Yes  No

14. Construction Type:  1A  1B  2A  2B  2C  3A  3B  4  5A  5B

15. Use Group(s):

<input type="checkbox"/> A-1	<input type="checkbox"/> B	<input type="checkbox"/> H-1	<input type="checkbox"/> I-1	<input type="checkbox"/> M	<input type="checkbox"/> S-1
<input type="checkbox"/> A-2		<input type="checkbox"/> H-2	<input type="checkbox"/> I-2		<input type="checkbox"/> S-2
<input type="checkbox"/> A-3	<input type="checkbox"/> F-1	<input type="checkbox"/> H-3	<input type="checkbox"/> I-3	<input type="checkbox"/> R-1	
<input type="checkbox"/> A-4	<input type="checkbox"/> F-2	<input type="checkbox"/> H-4		<input type="checkbox"/> R-2	<input type="checkbox"/> U
<input type="checkbox"/> A-5				<input type="checkbox"/> R-3	

Mixed Use:  Yes  No  Separated  Nonseparated

Note: \* See Instructions

16. \_\_\_\_\_ 17. \_\_\_\_\_  
Property Location Street Address Lot #

18. Height of building: Stories: \_\_\_\_\_ Feet: \_\_\_\_\_

19. Total Sq. Ft. of Building: \_\_\_\_\_

20. List below the gross square footage of each story, above and below grade:

Story	Area in Sq. Ft.	Story	Area in Sq. Ft.	Story	Area in Sq. Ft.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

21. Architect's Information: (Attach as applicable) License # \_\_\_\_\_

22. Engineers Information: (Attach as applicable) License # \_\_\_\_\_

23. Interior Design: (Attach as Applicable) Registration # \_\_\_\_\_

24. Documents Submitted /Attached:

- Zoning  Building Plans  Site Plans  Building Sections  Building Elevations  Health
- Reports  Calculations  Details  Photographs  Threshold Review\*
- Correspondence  Authorization of Applicant Other Than Owner  Manufacturer's Literature
- Statement of Special Inspections\*  Other (describe) \_\_\_\_\_

25. Estimated Cost of Construction \_\_\_\_\_  
(Value of Labor & Materials)

**CERTIFICATION:** I hereby certify that:  I am the owner of record of the named property or  that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, and we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Note: \* See instructions

\_\_\_\_\_  
Signature of Owner/Authorized Agent

**ITEMS 26 - 29 ARE FOR BUILDING OFFICIAL'S USE ONLY**

26. Building Permit Fee: \_\_\_\_\_

27. Plan Review Fee: \_\_\_\_\_

28. Certificate of Occupancy Fee: \_\_\_\_\_

29. Other Fees: \_\_\_\_\_

TOTAL FEE:  Cash  Check \_\_\_\_\_

Completed Application Received Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature Building Official)