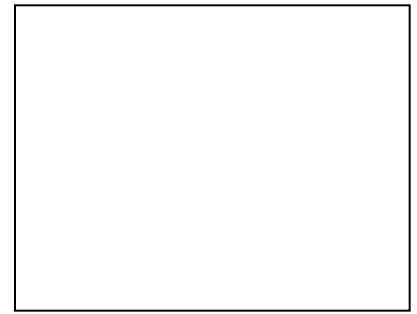




Town of Branford
Building Department
Application for Commercial Building Permit



office use only

Property Owner _____
Address _____
Town/City _____ State _____ Zip _____
Phone Number _____ E-mail _____

Agent/Contractor Name _____
Address _____
Town/city _____ State _____ Zip _____
Phone Number _____ E-mail _____
CT Registration Number _____ Exp. _____

Property Information;

Address of property where work is to be completed _____

Construction Information;

New Addition Alteration/Remodel Existing Tenant fit-up Other explain _____
Building Area (sq. ft.); 1st floor _____ 2nd floor _____ 3rd floor _____ 4th floor _____ Other _____ Total Area _____
Building Height; Number of stories above grade _____ Number of stories below grade _____

Occupancy Classification;

Change of Occupancy; Yes No
Existing Occupancy _____ Proposed Occupancy _____ New Occupancy _____
Name of Business/Tenant _____

Description and size of Proposed Work _____

Estimated Construction Cost including all labor and materials _____

By signing I hereby certify that I am the owner of record of the named property or that I have been authorized by the property owner of record to make this application as an authorized agent and we agree to conform to all applicable laws, regulations and town ordinances. All information contained within is true and accurate to the best of my knowledge and belief. No work shall be started until after the Town of Branford has approved and signed the applicant's permit application.

_____ Date _____
Print Name

Signature owner/authorized agent

Do not print below this line Office use only

Building permit fee _____
State Education _____
Document fee _____
Plans fee _____
Zoning fee _____
Total Permit fee _____

Permit Number _____
Issued Date _____
Approved by _____

Building Official or Designee