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Property Owner			
Address			
Town/City	State	Zip	
Phone Number E-mai	i1		
			**office use only**
Agent/Contractor Name			
Address			<u></u>
Town/city	State	Zip	<u></u>
Phone NumberE-mai	i1		<u></u>
CT Registration Number	Exp		<u> </u>
Property Information;			
Address of property where work is to be completed_			
Construction Information;			
Residential Commercial			
Single Family Two-Family Townhouse	Multi-Family, #	of Units A	cc. Structure Other
Tenant Fit-up, Name of Business			_
New Const. Addition Alteration/Remodel			
Permit Type;	•		
BoilerBtu Heat pump Fuel Type	e: Nat. Gas L-l	Propane Oil Ele	ec. Location of unit
Forced Hot AirBtu Fuel Type; N			
Air Conditioning SizeTons SEER			. or unit
•	Split System	Btu	
Specialty Detailed Construction;	D 6:	)'''	
Chimney liner Exhaust System Ventilation	•		
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 rec			
record to make this application as an authorized agen All information contained within is true and accurate			
Town of Branford has approved and signed the appli			1. The work shall be started than titler the
Date			
Print Name			Signature owner/authorized agent
	ot print below this line	e Office use only**	
Building permit fee			er
State Education			
Document fee		Issued Date	
Plans fee_	<del></del>		
Zoning fee		Approved by	
Total Permit fee		FF	Building Official or Designee
1 0 tal 1 0 l l l l l l 0 0			Dunding Official of Designee