



# BUILDING PERMIT APPLICATION

RESIDENTIAL       COMMERCIAL

Date: \_\_\_\_\_

Permit No.:	Receipt No.:	Check No.:
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**Job Location Address:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Town:	State:	Zip:
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Phone:	Work Phone:	Fax:
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<b>Contractor:</b>	License No.:
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**Address:** \_\_\_\_\_

Town:	State:	Zip:
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Phone:	Work Phone:	Fax:
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<b>Plumber:</b>	License No.:
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<b>Architect:</b>	License No.:
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<b>Engineer:</b>	License No.:
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Is this a change of use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Constr.:	Use Group:
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Building Sprinkler: <input type="checkbox"/> Separated	<input type="checkbox"/> Non-Separated	<input type="checkbox"/> Mixed Use	<input type="checkbox"/> Fire Alarm System
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**Describe the work to be performed:**

Construct: <input type="checkbox"/> New	<input type="checkbox"/> Alter	<input type="checkbox"/> Addition	<input type="checkbox"/> Re-Roof
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<input type="checkbox"/> Well	<input type="checkbox"/> Sewer	<input type="checkbox"/> Septic	<input type="checkbox"/> Water
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**THE FOLLOWING SQUARE FOOTAGE INFORMATION SHALL BE FILL OUT ACCURATELY**

No. of rooms:	No. of Baths:	No. of Half Baths:
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No. of Bedrooms:	No. of Stories:	No. of Units:
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Type of heating system:	Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Water source: <input type="checkbox"/> Well <input type="checkbox"/> Municipal	Sewage Disp. Type: <input type="checkbox"/> Septic <input type="checkbox"/> Municipal
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No. of Elevators:	No. of Garage Bays:	Sq. Ft.	No. of Fireplaces:
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Finished Basement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sq. Ft.	Deck Size:	Sq. Ft.
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<b>Building Width:</b>	<b>Building Length:</b>	<b>Building Height:</b>
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First Floor:	Sq. Ft.	Other:	Sq. Ft.	Other:	Sq. Ft.
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Second Floor:	Sq. Ft.	Other:	Sq. Ft.	Other:	Sq. Ft.
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Third Floor:	Sq. Ft.	Other:	Sq. Ft.	Other:	Sq. Ft.
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Est. Cost less mechanicals:	Est. Electrical Cost:
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Est. HVAC Cost:	Est. Plumbing Cost:
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**PLEASE COMPLETE AND SIGN THE BACK OF THE FORM**

I 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, 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.

Owners Name (print): \_\_\_\_\_

Owners Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized Agent (print): \_\_\_\_\_

Authorized Agent Signature: \_\_\_\_\_

I have received a copy of Public Act No. 12-184 concerning smoke and carbon monoxide detectors.

Signature: \_\_\_\_\_

**Required before a permit is issued:**

Copy of License

Workman's Compensation

Zoning (where required)

Mechanical cards (where required)

**BUILDING DEPARTMENT USE ONLY**

Department

Date: \_\_\_\_\_

Planning / Zoning / Inlands Wetlands : \_\_\_\_\_

Estimated Cost: \$ \_\_\_\_\_

Health Department : \_\_\_\_\_

State Education Fee: \$ \_\_\_\_\_

WPCA : \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

Fire Marshal : \_\_\_\_\_

Inspection Fee: \$ \_\_\_\_\_

Engineering : \_\_\_\_\_

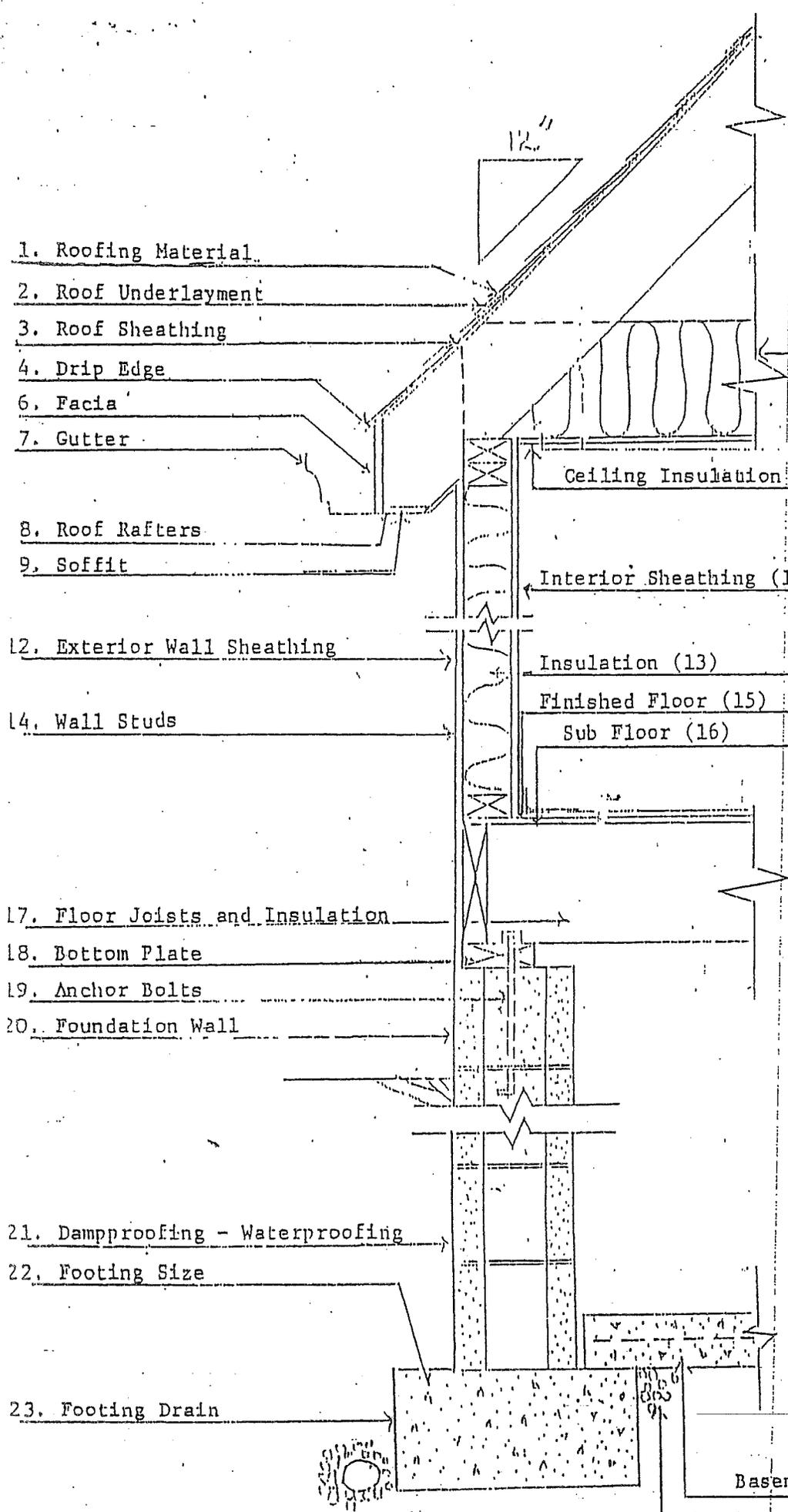
Plan Review \$ \_\_\_\_\_

Tax Collector : \_\_\_\_\_

Cert. of Occupancy: \$ \_\_\_\_\_

Engineering : \_\_\_\_\_

**Total:** \$ \_\_\_\_\_



- 1. Roofing Material
- 2. Roof Underlayment
- 3. Roof Sheathing
- 4. Drip Edge
- 6. Facia
- 7. Gutter
- 8. Roof Rafters
- 9. Soffit

- 12. Exterior Wall Sheathing
- 14. Wall Studs
- 17. Floor Joists and Insulation
- 18. Bottom Plate
- 19. Anchor Bolts
- 20. Foundation Wall
- 21. Dampproofing - Waterproofing
- 22. Footing Size
- 23. Footing Drain

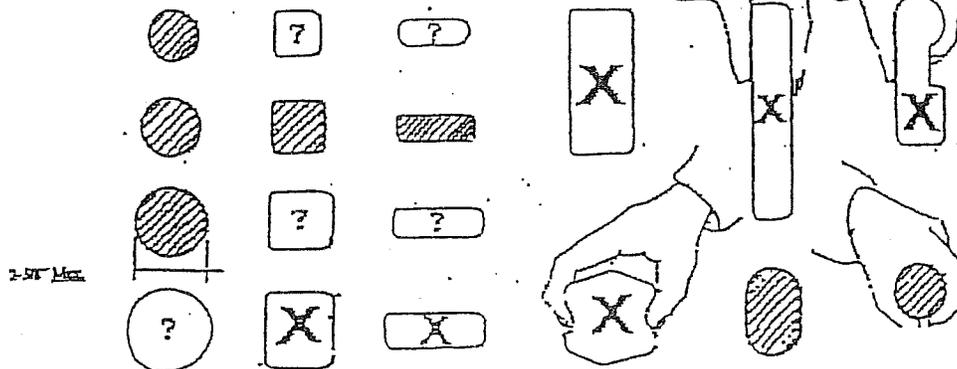
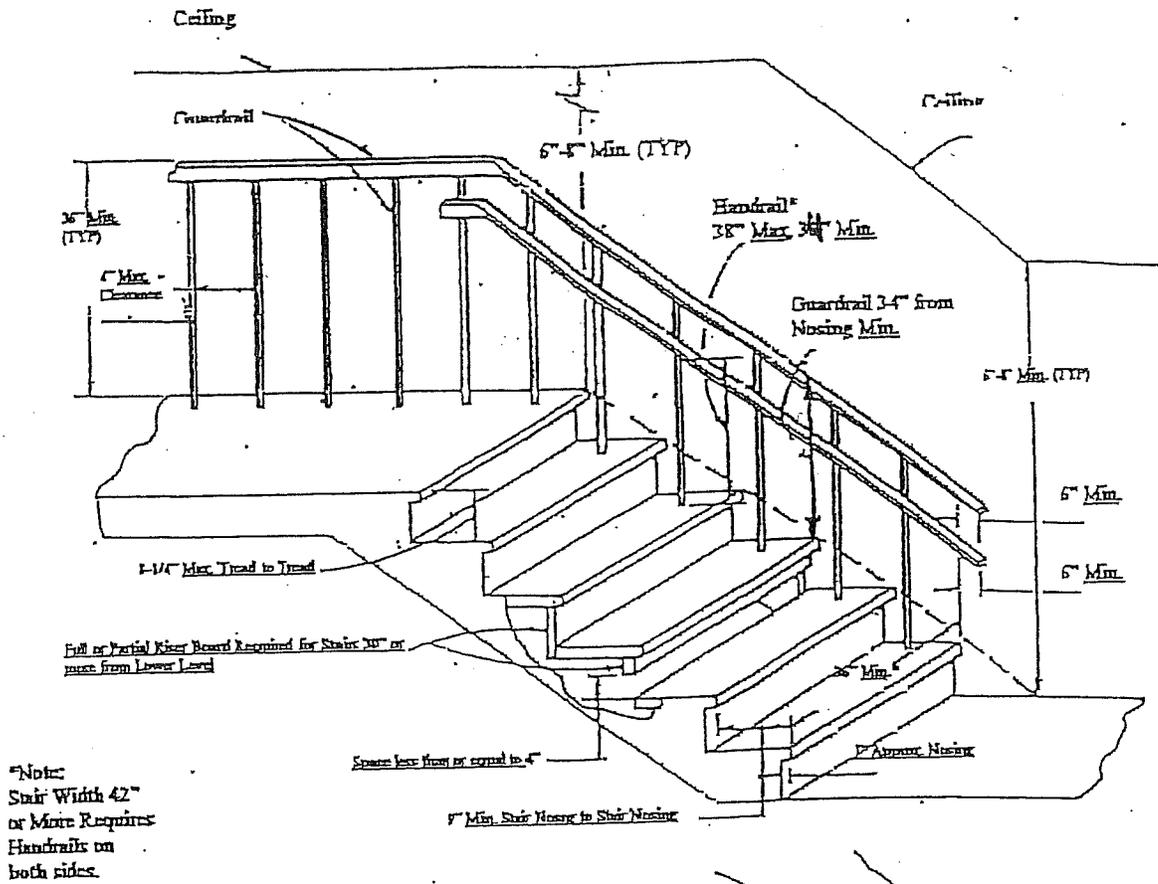
- Ceiling Joists (5)
- Ceiling Insulation (10)
- Interior Sheathing (11)
- Insulation (13)
- Finished Floor (15)
- Sub Floor (16)

1.
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24.
25.

Basement Floor (24)  
Base Course (25)

# Borough of Naugatuck

# One and Two Family Dwellings



Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_



## **REQUIRED INSPECTIONS**

**To Schedule an Inspection Please Call 203-720-7035**

1. Footings before concrete is poured: If required; all rebar shall be installed before the footings are inspected. Piers Included.
2. If rebar is specified on the construction documents for the foundation wall, an inspection shall be made before concrete is poured.
3. Footing drains and waterproofing
4. Garage slab and basement slab. Poly shall be installed at the time of inspection.
5. Electrical service and trench
6. Water line trench / with water line installed / sewer line trench with piping
7. Hearth
8. Smoke shelf
9. Rough Framing, Electrical, Plumbing & HVAC, above ceiling, fire sprinkler piping
10. Roof At 1/2 way installed
11. Gas piping with test
12. Insulation
13. Fire Separation Assemblies
14. Final (Certificate of Occupancy) & Others as specified



# DEPARTMENTAL APPROVAL SIGN-OFF SHEET

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Owner: \_\_\_\_\_

Property Location: \_\_\_\_\_

### **Inland and Wetlands**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

### **Health Department:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

### **WPCA:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

### **Fire Marshal:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

### **Engineering:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Borough of Naugatuck**  
**Office of the Tax Collector**  
**229 Church Street**  
**Naugatuck, CT. 06770**  
**Phone (203) 720-7051**  
**Fax (203) 720-7041**

From: Jim Goggin  
Tax Collector

Date: \_\_\_\_\_

Subject: Permit Approval's

Borough of Naugatuck taxes are current for all Naugatuck properties owned by the following applicant and property owner.

Property Owner: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

Applicant: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

\_\_\_\_\_  
Jim Goggin  
Tax Collector

Date: \_\_\_\_\_



**Substitute House Bill No. 5394**

**Public Act No. 12-184**

**AN ACT CONCERNING SMOKE AND CARBON MONOXIDE  
DETECTORS AND ALARMS IN RESIDENTIAL DWELLINGS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective October 1, 2012*) Whenever any private residential dwelling designed to be occupied by one or two families is occupied during interior alterations or additions requiring a building permit, the temporary installation of battery-operated smoke detection and warning equipment and, if there is a fuel-burning appliance, fireplace or attached garage present, battery-operated carbon monoxide detection and warning equipment shall be required in the vicinity of, and during the performance of, such alterations or additions. Such equipment shall be of a type or technology that is tested and certified pursuant to standards issued by the American National Standards Institute or Underwriters Laboratories. Such equipment may combine smoke and carbon monoxide detection technology into a single device.

Sec. 2. (NEW) (*Effective October 1, 2012*) The Commissioner of Construction Services may establish, within available appropriations, a public awareness campaign to educate the public concerning the dangers of not having smoke and carbon monoxide detection and warning equipment in residential dwellings and to promote the installation of smoke and carbon monoxide detection and warning equipment in all residential dwellings.