



BUILDING DEPARTMENT
Town of Wallingford Application for Permit

Date: _____

Property Address: _____

Property Owner: _____ Phone: _____

Owner Address: _____

Contractor Name: _____

Contractor Address: _____

Contractor Phone Number: _____ License Number: _____

Permit Type: (please circle 1-only) Building Electrical Plumbing Mechanical

Property Type: (please circle) 1-2 Family 3+ Family Commercial Industrial Mixed Use

Septic / Well: (please circle) Construction Type: _____ Use Group: _____

Scope of Work: (please attach plans) _____

Square Footage: (if applicable) _____

Construction Value: \$ _____
(labor & material, excluding other trades)

Applicant Name: _____
(print)

Applicant Signature: _____

Applicant must submit a Letter of Authorization, Workers' Comp Info or is a Sole Proprietor (if applicable)
Contractors must submit copy of trade license and workers' comp or form 7a.

Do not write below this line - Office Use Only

Check Number / Cash: _____
(please circle)

Permit Fee: _____

Departments Required for Approvals and Finals: (please check all that apply)

- | | |
|-------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Fire Marshal | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> Planning & Zoning | <input type="checkbox"/> Water & Sewer Division |
| <input type="checkbox"/> Inland/Wetlands | <input type="checkbox"/> Engineering Department |
| <input type="checkbox"/> WLFD Electric Division (service related) | <input type="checkbox"/> None |

Building Official Signature: _____

Approval Date: _____