



Town of Wallingford Application for Building Permit

Date: _____

Property/Address: _____

Property Owner: _____ Phone: _____

Owner Address: _____

Contractor Name: _____

Contractor Address: _____

Contractor Phone Number: _____ License Number: _____

Permit Type (please circle) Building Electrical Plumbing Mechanical Sprinkler

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

Septic or Well: Yes ___ No ___ Construction Type: _____ Use Group: _____

Scope of Work: _____

Square Footage (if applicable): _____ Construction Value: _____
(Excluding Other Trades)

Applicant Name: _____ Applicant Signature: _____
(print) Applicant agrees to provide workers compensation info or is sole proprietor

Check # _____ Amount: _____

Do not write below this line (bldg dept use only)

Departments Required for Approvals and Finals (Department use only)

- | | |
|--|---|
| <input type="checkbox"/> Fire Marshal | <input type="checkbox"/> Health (must be checked if Well or Septic) |
| <input type="checkbox"/> Planning and Zoning | <input type="checkbox"/> Water and Sewer |
| <input type="checkbox"/> Wetlands | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Electric Company (if work electric service related) | <input type="checkbox"/> None |

Building Official Signature: _____ Approval Date: _____

Return to: Wallingford Building Dept, 45 South Main Street, Rm 40-G, Wallingford, CT 06492 (203) 294-2005

This is not a permit

Permit # _____