

# TOWN OF EAST LYME BUILDING PERMIT APPLICATION

**Town of East Lyme Building Department**  
**108 Pennsylvania Avenue PO Box 519**  
**Niantic, CT 06357**  
**(860) 691-4114 (860) 691-0351 Fax**

Building Permit No: \_\_\_\_\_

Date of Application: \_\_\_\_\_

- Commercial** or  **Residential**  
**and/OR**  
 **HVAC**     **Electrical**     **Plumbing**

Job Location: \_\_\_\_\_

Description of Work to Be Performed: \_\_\_\_\_

(Modifications/changes to approved plans must be submitted to ALL departments **PRIOR TO CONSTRUCTION.**)

Property Owner's Name: \_\_\_\_\_

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

Contractor's Name: \_\_\_\_\_

Home Improvement Reg. # /New Home Contractor #: \_\_\_\_\_

Contractor's Mailing Address: \_\_\_\_\_

Contractor's Phone/Cell/Email: \_\_\_\_\_

**Construction Information:**

Check appropriate box:

Use Group:	Municipal Water:	
Construction Type:	Well Water:	
Number of Stories:	Private Septic:	
Sq. Ft. of Floor Area per Story:	Municipal Sewer:	
Flood Plain:	Heating System: Yes or No	

IF PROPERTY IS  
SERVED BY PRIVATE  
SEPTIC, PLEASE  
SUBMIT A COPY OF ALL  
PLANS TO THE LEDGE  
LIGHT HEALTH  
DISTRICT, LOCATED  
WITHIN THE BUILDING  
OFFICE.

**CERTIFICATION:** *I hereby 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, and 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.*

Printed name of Applicant: \_\_\_\_\_

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

Applicant Phone/Cell/Email: \_\_\_\_\_

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

Commercial or Residential – Check Trade Permits Included:

ELEC \_\_\_\_\_ PLMB \_\_\_\_\_ HVAC \_\_\_\_\_ SPR \_\_\_\_\_

**CRS #** \_\_\_\_\_

Estimated Value of Work: \$ \_\_\_\_\_

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

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

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

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**TOWN OF EAST LYME  
BUILDING DEPARTMENT  
PERMIT APPLICATION**

Building Permit No: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**108 Pennsylvania Avenue (860) 691-4114  
Niantic CT 06357 (860) 691-0351 Fax**

Job Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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**\*\*\*OFFICE USE ONLY\*\*\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*OFFICE USE ONLY\*\*\***

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Received by: \_\_\_\_\_

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

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Per CGS §29-263, your application is DENIED due to a lack of information as indicated below. Your application for building permit will continue to be processed/reviewed. Other information or plans may be required after the review is completed. You will be notified of those items in writing. Please indicate your preference of postal mail service or electronic mail.

The following items must be submitted in order to complete your permit application:

- \_\_\_\_\_ Complete description of work
- \_\_\_\_\_ Complete application – legible and including signature
- \_\_\_\_\_ Agent letter per §20-338b of CGS (must be original, no copies)
- \_\_\_\_\_ Worker’s Compensation Certificate per §31-286b of CBS, or Appropriate Waiver Form  
(Please complete Form \_\_\_\_\_)
- \_\_\_\_\_ Home Improvement Registration/New Home License
- \_\_\_\_\_ Two sets of building plans for the building department
- \_\_\_\_\_ Site Plans
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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**AGENT LETTER CHECKLIST**

1. Date
2. Letterhead
3. Signed by licensed contractor (NOT NEW HOME OR HOME IMPROVEMENT REG)
4. Stating that bearer is authorized to sign the permit application as the agent of the contractor
5. Not a copy or fax but an original
6. Name of Town work to be performed in
7. Job description or name of job
8. Start date
9. Name of the Contractor
10. Name of the Agent
11. License number of the contractor