

TOWN OF EAST LYME RESIDENTIAL BUILDING PERMIT APPLICATION

Building Permit No: _____

Date of Application: _____

**Town of East Lyme Building Department
108 Pennsylvania Ave, Niantic, CT. 06357
Tel. (860) 691-4114 Fax (860) 691-0351**

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: _____

CRS # _____

| | |
|---------------------------------------|--|
| Contract Amount: \$ | |
| Permit Fee: \$ | |
| State Education Fee: \$ | |
| C of O fee (New Construction only) \$ | |
| Total: \$ | |

Approved by: _____ Date: _____ Rev. 1/2024

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

Building Permit No: _____

Date of Application: _____

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

Job Location: _____

Contact Person: _____ Title: _____

Phone #: _____ Email: _____

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

Received by: _____

Date: _____

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 CGS, or Appropriate Waiver Form
(Please complete Form _____)
- _____ Home Improvement Registration/New Home License
- _____ Two sets of building plans for the building department
- _____ Site Plans
- _____ _____
- _____ _____
- _____ _____

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