

Important Information

All permit application forms must be printed on legal size paper (8 1/2" x 14"). Reduced size copies (printed on letter paper) are not acceptable because ample room is needed for handwritten notations on the applications by office staff.

Any forms that have a colored background must be printed in color.

Color printouts are necessary because the Division uses a color coding system. Print the following pages in color, on legal size paper.

Sign and have notarized where required.

Applications are not accepted by email.



Town of Greenwich
 DPW, Building Inspection Division
 Town Hall - 101 Field Point Road
 Greenwich, CT 06836-2540
 Phone: 203-622-7754 - Fax: 203-622-7848

OFFICE USE ONLY

PERMIT NO.

ISSUE DATE:

COMPLETED BY APPLICANT

PARCEL ID

BUILDING PERMIT APPLICATION FOR ADDITIONS AND/OR ALTERATIONS

The undersigned owner or authorized agent applies for a permit to add to or alter an existing building in accordance with the laws and ordinances of the State of Connecticut and of the Town of Greenwich and as set forth in the accompanying plans and specifications insofar as the same shall be found not to conflict with the aforesaid State and Town laws, and also for a certificate of occupancy for the use of the altered part of the building or addition.

OWNERS AND AGENTS

(PLEASE PRINT)

PROPERTY OWNER ADDRESS

TENANT / LESSEE ADDRESS

AUTHORIZED AGENT / PERMITTEE [PERSON RESPONSIBLE FOR SUPERVISION OF WORK, COMPLIANCE WITH APPROVED PLANS AND SPECIFICATIONS AND ALL CODES AND ORDINANCES]	
NAME [TYPE]	ADDRESS
CT REGISTRATION NO.	TELEPHONE NO.

PLANS AND SPECIFICATIONS BY ADDRESS

ARCHITECT OR PROF. ENG. CT REG. NO.

BUILDING LOCATION

BUILDING ADDRESS _____ on the NORTH SOUTH EAST WEST side

APPROXIMATELY (DISTANCE _____) N S E W FROM THE INTERSECTION WITH _____

SECTION OF TOWN

CENTRAL OUTLYING NO. OUTLYING SO. BYRAM PEMBERWICK GLENVILLE COS COB RIVERSIDE OLD GREENWICH

BUILDING INFORMATION	
<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration
<input type="checkbox"/> Repair	<input type="checkbox"/> Add and Alter
<input type="checkbox"/> Accessory	
Present use _____ If changed, proposed use: _____	
No. of family units: _____	If addition: _____
Existing _____	Area of addition _____ sf Existing area _____ sf
Proposed _____	Dimensions _____ X _____ Total area _____ sf
Total _____	No. of new rooms added _____ New bath rooms _____

BUILDING CODE INFORMATION	
2005 CT State Building Code Applied (Check One)	
<input type="checkbox"/>	2003 IBC w/2005 CT Supplement and 2009 CT Amend
<input type="checkbox"/>	2003 IRC w/2005 CT Supplement and 2009 CT Amend
Use Group[s] _____	
Const. Type _____	
Area [Largest Floor] _____ SF	
Flood Zone _____	
Elevation _____ NGVD	
Sprinkler System <input type="checkbox"/> Yes <input type="checkbox"/> No	
100% Throughout	
Threshold Building - Sect 106.1.5, CSBC <input type="checkbox"/> Yes <input type="checkbox"/> No	
TYPE OF SEWAGE DISPOSAL	
<input type="checkbox"/>	Town Sewer
<input type="checkbox"/>	Septic System

DESCRIPTION OF WORK	

VALUE OF WORK:	PERMIT FEE -
	STATE EDUC. FEE -
INVESTIGATION FEE	TOTAL FEE DUE -

Certificate of Occupancy may be withheld until final valuation of work has been established and fee adjusted and paid. Issuance of this permit shall not be construed as a permit to perform any regulated activity on any inland wetlands.

AMENDMENTS:	OFFICE USE ONLY

BUILDING CODE REVIEW CONDITIONS	
<input type="checkbox"/> PLAN REVIEW COND. APPLIES	<input type="checkbox"/> FINAL EVALUATION REQ'D PRIOR TO CO
<input type="checkbox"/> SITE DRAIN. COND. APPLIES	<input type="checkbox"/> PROOF OF FLOOD ELEV. REQ'D PRIOR TO CO
<input type="checkbox"/> LOAD TABLES FOR TRUSS REQ'D	<input type="checkbox"/> GFM APP. REQ'D PRIOR TO CO
<input type="checkbox"/> 20% HC UPGRADE	
<input type="checkbox"/> STATE ELEVATOR APP. REQ'D	
REVIEWED BY:	<input type="checkbox"/> APPROVED FIELD PLAN GIVEN TO BLDR/OWNER
	<input type="checkbox"/> PERMIT PICKUP REQUESTED
	<input type="checkbox"/> MAIL PERMIT

Tax Stamp

BUILDING PERMIT APPLICATION FOR ADDITIONS AND/OR ALTERATIONS

AFFIDAVIT

THE UNDERSIGNED PROPERTY OWNER, BEING DULY SWORN, DEPOSES AND SAYS:

1. That he/she is the current owner of premises described on this application for a building permit.
2. In accordance with the CT General Statutes, that the below said agent / builder is duly authorized on behalf of the owner to execute and complete this application.
3. That the work described in this application is duly authorized by the current owner.
4. That the undersigned agent / builder is hereby designated as the owner's representative with whom the Division of Building Inspection, DPW may deal with in respect to the work under this application.
5. That this authorization shall continue unless revoked by the owner by giving written notice of revocation to the Division of Building Inspection, DPW.

AUTHORIZED AGENT/PERMITTEE INFORMATION

CURRENT OWNER NOTARIZED AUTHORIZATION

CT Reg. No. _____ Name (type) _____
Name (type) _____ Signature _____
Signature _____ Subscribed and sworn to, before me on this
Phone _____ day of _____, 20_____
 Permit pickup requested Mail permit Notary Public signature _____
Contact name (type) _____ Phone _____

OFFICE USE ONLY

AMENDMENTS:

CT Reg. No. _____ Date: _____
Name (print) _____
Signature _____
Address _____
Phone No. _____

AMENDMENTS:

CT Reg. No. _____ Date: _____
Name (print) _____
Signature _____
Address _____
Phone No. _____

AMENDMENTS:

CT Reg. No. _____ Date: _____
Name (print) _____
Signature _____
Address _____
Phone No. _____

AMENDMENTS:

NEW OWNER NOTARIZED AUTHORIZATION

Name (print) _____
Signature _____
Subscribed and sworn to, before me on this
_____ day of _____, 20_____
Notary Public signature _____

AMENDMENTS:

NEW OWNER NOTARIZED AUTHORIZATION

Name (print) _____
Signature _____
Subscribed and sworn to, before me on this
_____ day of _____, 20_____
Notary Public signature _____