

# BUILDING PERMIT

Building Official  
(860) 779-5315  
Fax (860) 779-5381

TOWN OF KILLINGLY  
DEPARTMENT OF BUILDING SAFETY & INSPECTION  
172 Main Street  
Killingly CT 06239  
[building@killinglyct.gov](mailto:building@killinglyct.gov)

DATE: \_\_\_\_\_

EMAIL TO SEND APPROVED PERMIT TO: \_\_\_\_\_

NDDH Approval

Zoning Approval

1 Location of Building: \_\_\_\_\_

2 Applicant: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
License: \_\_\_\_\_

3 Owner(s): \_\_\_\_\_ Address: \_\_\_\_\_ Tel: \_\_\_\_\_

4 Building Contractor: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
License: \_\_\_\_\_

5 Electrical Contractor: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
License: \_\_\_\_\_

6 Plumbing Contractor: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
License: \_\_\_\_\_

7 Heating Contractor: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
License: \_\_\_\_\_

8 Other Contractor: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
License: \_\_\_\_\_

9 Description of Work (detailed) \_\_\_\_\_  
\_\_\_\_\_

10 Building Code(s) Being Used: \_\_\_\_\_

11 Estimated Cost: \_\_\_\_\_ Permit Fee: \_\_\_\_\_

**NOTE ALL NEW CONSTRUCTION WILL REQUIRE DRIVEWAY PERMITS FROM TOWN AND/OR STATE**

12 Type of Sewage System \_\_\_\_\_

13 Type of Water Supply \_\_\_\_\_

The owner of this building and the undersigned agree to confirm to the State of Connecticut building Code(s), the International Building Code(s), the Connecticut Fire Safety Code(s), and the laws of this jurisdiction. Also agreed is to notify the Building Official of any changes in plans for which this permit is requested.

Signature of Applicant: \_\_\_\_\_

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