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

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: _____