

# BUILDING PERMIT

TOWN OF KILLINGLY  
DEPARTMENT OF BUILDING SAFETY AND INSPECTION

DATE \_\_\_\_\_

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

GIS MAP NO. \_\_\_\_\_ LOT \_\_\_\_\_

Flood Hazard Yes \_\_\_\_\_ No \_\_\_\_\_ Zoning Permit No. \_\_\_\_\_ Driveway Permit No. \_\_\_\_\_

1. Location of Building \_\_\_\_\_ List# \_\_\_\_\_
2. Applicant \_\_\_\_\_ Address \_\_\_\_\_ Tel: \_\_\_\_\_
3. Owner \_\_\_\_\_ Address \_\_\_\_\_ Tel: \_\_\_\_\_
4. Building Contractor \_\_\_\_\_ Address \_\_\_\_\_ Tel: \_\_\_\_\_
5. Elec. Cont. \_\_\_\_\_ Address \_\_\_\_\_ Tel: \_\_\_\_\_
- 5a. CRS No. \_\_\_\_\_
6. Plumbing - Htg. Cont. \_\_\_\_\_ Address \_\_\_\_\_ Tel: \_\_\_\_\_

<b>7. TYPE OF IMPROVEMENT</b> <input type="checkbox"/> New building <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part 9) <input type="checkbox"/> Renovations <input type="checkbox"/> Repair, replacement <input type="checkbox"/> Demolition (If multifamily residential, enter number of units in building in Part 9). <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Moving (relocation) <input type="checkbox"/> Foundation only	<b>8. PROPOSED USE</b> <b>Residential</b> <input type="checkbox"/> One family <input type="checkbox"/> Two or more family – Enter number of units _____ <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Other – Specify _____ _____ _____ _____	<b>Nonresidential</b> <input type="checkbox"/> Amusement, recreational <input type="checkbox"/> Church, other religious <input type="checkbox"/> Industrial <input type="checkbox"/> Parking garage <input type="checkbox"/> Service station, repair garage <input type="checkbox"/> Hospital, institutional <input type="checkbox"/> Office, bank, professional <input type="checkbox"/> Public Utility <input type="checkbox"/> School, library, other educational <input type="checkbox"/> Stores, mercantile <input type="checkbox"/> Tanks, towers <input type="checkbox"/> Other – Specify _____ _____ _____
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<b>9a. ESTIMATED COST</b> \$ _____	<b>10. TYPE OF SEWAGE DISPOSAL</b> <input type="checkbox"/> Private <input type="checkbox"/> Public	<b>11. TYPE OF WATER SUPPLY</b> <input type="checkbox"/> Private <input type="checkbox"/> Public	<b>NONRESIDENTIAL</b> – Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use. _____ _____ _____ _____
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<b>12. PRINCIPAL TYPE OF FRAME</b> <input type="checkbox"/> Masonry (wall bearing) <input type="checkbox"/> Wood frame <input type="checkbox"/> Structural steel <input type="checkbox"/> Reinforced concrete <input type="checkbox"/> Other – Specify _____ _____ _____ _____	<b>13. PRINCIPAL TYPE OF HVAC</b> <b>HEATING</b> <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Steam <input type="checkbox"/> Water <input type="checkbox"/> Air <input type="checkbox"/> Electric <input type="checkbox"/> Fireplace <input type="checkbox"/> Woodstove <b>COOLING</b> <input type="checkbox"/> Central <input type="checkbox"/> Sleeve <input type="checkbox"/> Hydroair	The owner of this building and the undersigned agree to conform to the State of Conn. basic building Code. The Connecticut Fire Safety Code, and the laws of this jurisdiction and to notify the Building Official of any changes in plans for which this permit is requested. _____ _____ _____ _____ <b>Signature of Applicant</b> _____ <b>Date</b> _____
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Contractor's Reg. or Lic. No. \_\_\_\_\_  
Expiration Date \_\_\_\_\_

Signature of Building Official \_\_\_\_\_ Date permit issued \_\_\_\_\_