TOWN OF VERNON – BUILDING DEPARTMENT

55 West Main Street • Vernon, CT 06066

Phone: (860) 870-3633 • Fax: (860) 870-3589 • Website: www.vernon-ct.gov • Building@vernon-ct.gov

PERMIT APPLICATION

Permit Number _____

ADDRESS OF WORK LOCATION: _____

TYPE OF PERMIT: ☐ **COMMERCIAL**   ☐ **RESIDENTIAL/TWO-FAMILY**   ☐ **MULTI FAMILY (3 OR MORE)**

☐ **BUILDING**	☐ **ELECTRICAL**	☐ **PLUMBING**	☐ **HVAC**
☐ New Construction	☐ Service Change	☐ New Construction	☐ New Construction
☐ Addition	☐ CRS#_____	☐ Addition	☐ Addition
☐ Renovation	☐ New Construction	☐ Renovation	☐ Renovation
☐ Accessory Structure	☐ Addition	☐ Fire Suppression	☐ Central Air
☐ Deck	☐ Renovation	☐ Water Heater	☐ Replace/Repair
☐ Demolition	☐ Pool Wiring	☐ Fuel Tank	☐ Boiler/Furnace
☐ Roofing (# Squares) ___	☐ Low Voltage	☐ Other	☐ Other _____
☐ Pool A/G ___ I/G ___	☐ Solar		
☐ Siding	☐ Other _____		
☐ Stoves			
☐ Other _____			

Will there be any excavation, i.e. foundation, trenching, etc.?   ☐ Yes   ☐ No

☐ Public Water	☐ Sewer	☐ Well	☐ Septic

DESCRIPTION OF WORK (must be completed for all permits) _____

_____

_____

_____

_____

Fair Market Value (Labor + Material) $ _____ Fees: $ _____ (Permit) $ _____ (Z) $ _____ (PR)

$ _____ (CO/CA) $ _____ (DF)

Property Owner: _____

Mailing Address: _____ Town: _____ State: _____ Zip: _____

E-Mail: _____ Phone Number: _____

Applicant: _____ Lic.#_____ Type:_____ Exp: _____

Mailing Address: _____ Town: _____ State: ____ Zip: _____

E-Mail: _____ Phone Number: _____

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 codes, laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief. No work shall start until the applicant has received the signed approved permit.

☐ Contractor
☐ Applicant
☐ Owner

_____   _____   _____

Signature of Owner/Authorized Agent   Printed Name of Signatory   Date

TOWN OF VERNON

55 WEST MAIN STREET, VERNON, CT 06066
Tel: (860) 870-3633
Fax: (860) 870-3589

**OFFICE OF THE
BUILDING DEPARTMENT**

ROOFING INFORMATION- Please Complete the Following:

Address Where Work Will Be Performed:

_____ , Vernon, CT 06066

Roof Type:

_____ Asphalt	_____ Membrane, commercial
_____ Built Up	_____ Membrane, residential
_____ Clay/Cement Tile	_____ Metal
_____ Fiberglass	_____ Wood

Number of Existing Layers: _____

Is Roof being Stripped?   ___ Yes ___ No

Is Roof being Re-sheathed: ___ Yes ___ No

Number of Squares: _____

Is Ice and Water being installed?   ___ Yes ___ No

                    Full Coverage?   ___ Yes ___ No

Plywood Seams being taped?   ___ Yes ___ No   **(2015 IRC R905.1.1)**

Is Roof Ventilation Present?   ___ Yes ___ No*

                    Type?   ___ Ridge ___ Gable ___ Soffit

            *If 'No'- How will roof ventilation be addressed?

_____

_____

- *Roof Ventilation is required per 2015 IRC, Section R806, 2015 IBC Section 1203.*

- *Kickout Flashing required per 2015 IRC, Section 903.2.1.*

I Hereby Certify That (check one):

_____ I am the Owner of Record of the named property

_____ I am acting as the authorized agent of the Owner of Record who approved all work to be performed

Applicant_____ Signature_____ Date_____
            (Printed Name)