



# 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](http://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

- ☐ New Construction
- ☐ Addition
- ☐ Renovation
- ☐ Accessory Structure
- ☐ Deck
- ☐ Demolition
- ☐ Roofing (# Squares) \_\_\_\_\_
- ☐ Pool A/G \_\_\_\_\_ I/G \_\_\_\_\_
- ☐ Siding
- ☐ Stoves
- ☐ Other \_\_\_\_\_

☐ ELECTRICAL

- ☐ Service Change
- ☐ CRS# \_\_\_\_\_
- ☐ New Construction
- ☐ Addition
- ☐ Renovation
- ☐ Pool Wiring
- ☐ Low Voltage
- ☐ Solar
- ☐ Other \_\_\_\_\_

☐ PLUMBING

- ☐ New Construction
- ☐ Addition
- ☐ Renovation
- ☐ Fire Suppression
- ☐ Water Heater
- ☐ Fuel Tank
- ☐ Other \_\_\_\_\_

☐ HVAC

- ☐ New Construction
- ☐ Addition
- ☐ Renovation
- ☐ Central Air
- ☐ Replace/Repair
- ☐ Boiler/Furnace
- ☐ 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



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Tel: (860) 870-3633

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OFFICE OF THE  
BUILDING DEPARTMENT

## ELECTRICAL INFORMATION - Please Complete the Following:

### Address Where Work Will Be Performed:

\_\_\_\_\_, Vernon, CT 06066

### General Information:

\_\_\_\_ One Family    \_\_\_\_ Two-Family    \_\_\_\_ Three-Family or More    \_\_\_\_ Commercial

Service Connection (check one): \_\_\_\_ Overhead    \_\_\_\_ Underground

Service Type (check one): \_\_\_\_ Single Phase    \_\_\_\_ Three-Phase

Size of Main \_\_\_\_\_ amps    Service Voltage \_\_\_\_ / \_\_\_\_ volts

Service Feed (check one) \_\_\_\_ Overhead    \_\_\_\_ Underground

Work to be Performed According to (check one): \_\_\_\_ NEC    \_\_\_\_ IRC (residential only)

### Type of Work:

\_\_\_\_ Service Change (CRS # \_\_\_\_\_)

\_\_\_\_ New Construction

\_\_\_\_ Addition

\_\_\_\_ Renovation

\_\_\_\_ Repair

\_\_\_\_ Other \_\_\_\_\_

### 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)