



Town of Marlborough Land Use & Building Department
 26 North Main Street
 Marlborough, CT 06447
 860-295-6202

BUILDING PERMIT APPLICATION

Date of Application _____ Permit # _____

Property Location _____

Name of Applicant _____

Property Owner _____

Mailing Address _____

Mailing Address _____

Phone Number _____

Phone Number _____

Email Address _____

Email Address _____

Applicant is: Property owner Contractor - Contractor License No. _____

Type of permit (check only one)

Electric HVAC Plumbing OTHER _____

Is this a secondary permit? _____ (if yes, please provide permit #) _____

Description of Work:

Size of Structure, Addition, Shed etc. _____ Cost of Materials & Labor _____

I understand that applying for this permit does not guarantee that it will be issued, and no work shall be done prior to the issuance of said permit or the approval of the Building Official. I agree to be in compliance with all applicable codes, standards, statutes, and ordinances which may pertain. If other than the owner, applicant hereby certifies that they are authorized by the owner to make this application per C.G. S.20-338B.

THIS IS NOT A PERMIT

Signature of Applicant _____

IT IS UNDERSTOOD THAT NO WORK WILL BE STARTED UNTIL THE PERMIT HAS BEEN ISSUED

Verification of Real Estate Taxes

Taxes Paid _____ Taxes Unpaid _____ Tax Collector's Signature _____

Building Permit Validation

Date Received _____ Receipt # _____ Permit Fee\$ _____ Zoning Fee\$ _____

APPROVED DENIED

Signature _____ Date _____

Raymond Steadward, Building Official

Other Approvals (If necessary)

Special Permit _____ Site Plan _____ Wetlands Permit _____ Variance _____

Zoning

This approval is based on the plot plan submitted. Falsification, by representation or omission, or failure to comply with the conditions approval of this permit shall constitute a violation of the Marlborough Zoning Regulations. Any modification or alteration of the approved plans shall required further review and/or approval.

Permit Hereby: Non Applicable _____ Denied _____ Approved _____

Date Approved _____ Permit# _____ By _____
Zoning Enforcement Official

Health Department

Permit Hereby: Non Applicable _____ Denied _____ Approved _____

Date Approved _____ By _____
Chatham Health Official

Fire Marshal

Permit Hereby: Non Applicable _____ Denied _____ Approved _____

Date Approved _____ By _____
Fire Marshal
