

DATE: \_\_\_\_\_

**\*If this is for a new house, please let us know.**

PAID: \_\_\_\_\_

CASH: \_\_\_\_\_ CHECK # \_\_\_\_\_

Application # \_\_\_\_\_

**Application for Electric, Plumbing or HVAC Permit, Town Of Westbrook**

**Electrical**  **CRS#**

**Plumbing**

**Heating & A/C**

**Property Address:** \_\_\_\_\_

Pre 1978?  Y  N Seasonal:  Y  N Flood Zone: \_\_\_\_\_ (Find on website-- <https://westbrookct.mapgeo.io>)

Owner of Record: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Description of Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contractor: \_\_\_\_\_ Email : \_\_\_\_\_

Address: \_\_\_\_\_ Tel #: \_\_\_\_\_ License#: \_\_\_\_\_

**COST OF CONSTRUCTION \$** \_\_\_\_\_

**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 THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION. AS HIS/HER AUTHORIZED AGENT I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION. IN ADDITION, IF A PERMIT FOR WORK DESCRIBED IN THIS APPLICATION IS ISSUED, I CERTIFY THAT THE CODE OFFICIAL OR THE CODE OFFICIALS AUTHORIZED REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER AREAS COVERED BY SUCH PERMIT AT ANY REASONABLE HOUR TO ENFORCE PROVISIONS OF THE CODE(S) APPLICABLE TO SUCH PERMIT.

**\*Town ordinances prevent permit issuance when a balance of back property taxes are owed to the Town of Westbrook. SEC 5-3, CGS 7-148 © (2) (B)**

NAME OF APPLICANT: (PLEASE PRINT): \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Tel# \_\_\_\_\_ Email: \_\_\_\_\_

Permit Fee \$ \_\_\_\_\_

CT Ed Fee: \$ \_\_\_\_\_

Inspection Fee: \$ \_\_\_\_\_

Fire Marshal Fee: \$ \_\_\_\_\_

**Total Fees Due: \$** \_\_\_\_\_

\*Plans which have been reviewed in compliance with CT Code shall be become part of this permit. Codes shall take precedence over the drawings.

\_\_\_\_\_  
**Building Official** **Date**

**\*Not Valid without Tax Collectors Signature prior to submittal**  
\_\_\_\_\_  
**Tax Collector/Asst Tax Collector** **Date**

Fire Marshal Signature (if applicable) \_\_\_\_\_  
Fire Marshal Date

**Building Official Comments:**

**FP:**  YES  NO  
REFERRAL Date \_\_\_\_\_

Zoning Approval Date \_\_\_\_\_