

TOWN OF PORTLAND BUILDING PERMIT APPLICATION

P.O. Box 71 - 33 East Main Street, Portland, CT 06480

Phone: 860-342-6727 Fax: 860-342-6787

NOTICE

BUILDING PERMITS ARE REQUIRED TO BE APPROVED OR DENIED WITHIN 30 DAYS OF RECEIPT. CHECK WITH STAFF TO DETERMINE THE EXPECTED TIME LINE FOR APPLICATIONS WITH REGARDS TO HEALTH, INLAND WETLANDS AND ZONING REQUIREMENTS PRIOR TO SUBMITTING BUILDING PERMIT APPLICATION.

**Total Estimated Value \$ _____ Fees calculated @ \$15.00 first thousand Amount Due: \$ _____
\$12.00 each thousand thereafter**

[Values are checked against the most recent International Building Valuation Data - as amended]

Property Address: _____ **Assessors Map:** _____ **Lot:** _____

Owners Name (as it legally appears in Land Records) _____

Address: _____

Phone: _____ Bus: _____ Cell: _____ Fax: _____

Applicant/Contractor: _____ **License #:** _____ **Type:** _____

Address: _____ **Town:** _____ **St.** _____ **Zip:** _____

Phone: _____ **Bus:** _____ **Cell:** _____ **Fax:** _____

Job Site Supervisor: _____ **Cell:** _____

Purpose of this Permit Application... New structure: ____ Addition: ____ Alteration: ____ Other: _____

Brief description of project: _____

Building Code: IBC 2003: _____ IRC 2003: _____

Proposed Use: _____ Existing Use (if applicable): _____ Construction Type: _____

[Attach Special Inspection Documentation per ICC sec. 106. Portland is in Energy Climate Zone 12 for Energy Conservation calculations.]

Check Applicable: Septic system: ____ City Sewer: ____ Well Water: ____ City Water: ____

Flood Plain Zone/Special Flood Hazard Area (per Zoning and FEMA Maps): _____

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 laws, codes, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief. **SEE REVERSE SIDE.**

Signature

Print

Date

Please attach other Required Department Approvals i.e.

Fire Marshal.....(except for 1 & 2 family dwellings)

Chatham Health District.....

Inland Wetland Permit.....

Zoning Approvals.....

Department of Public Works.....

Lincoln White Building Official

Application Approved: _____ Denied: _____

Building Dept. Rec'd Stamp:

Tax Stamp:

CERTIFICATE of COMPLIANCE

You (owner, applicant, or builder) are responsible to call the Building Department to make appointments for all required inspections, and to contact the Building Official for a final inspection for code compliance. Phone: 342-6727 or 342-6728

For office use only

This is to certify that the structure at _____
is complete and in compliance with building codes. It is approved to use hereinafter as stated on the
Building Application and Building Permit.

Building Official Signature _____

Date _____