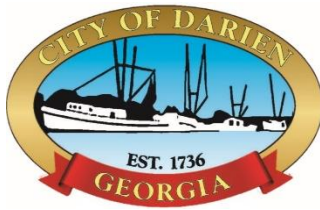


Permit Number \_\_\_\_\_



Date Received: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

**CITY OF DARIEN  
BUILDING PERMIT APPLICATION**

**DESCRIPTION OF WORK (mark all that apply)**  Residential  Commercial  Accessory  
 New  Demolition  Addition  Repair  Remodel  Alteration  Other \_\_\_\_\_

**DESCRIPTION OF CONSTRUCTION:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPERTY INFORMATION (additional documents may be attached if needed)**  
Parcel Number \_\_\_\_\_ Zoning District \_\_\_\_\_ Flood Zone \_\_\_\_\_  
Street Address \_\_\_\_\_ Located in the Historic District YES NO  
Owner's Name(s) \_\_\_\_\_ Primary Phone Number \_\_\_\_\_  
Secondary Phone Number \_\_\_\_\_ Email (required) \_\_\_\_\_  
Owner's Present Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**BUILDING INFORMATION (new or affected area only)**  
Total Heated Square Feet \_\_\_\_\_ Total Garage and/or Accessory Building Square Feet \_\_\_\_\_  
Total Porch/Deck Square Feet \_\_\_\_\_ Total Square Feet \_\_\_\_\_ Number of Stories \_\_\_\_\_  
Number of Rooms \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_ Number of Baths \_\_\_\_\_  
Driveways \_\_\_\_\_ Walks \_\_\_\_\_ Fences \_\_\_\_\_  
Lot Dimensions \_\_\_\_\_ Acreage \_\_\_\_\_ Square Feet \_\_\_\_\_  
Type of Construction \_\_\_\_\_ Occupancy Type \_\_\_\_\_  
Total Cost of Construction \_\_\_\_\_ (If applying for an alteration and/or remodel, a signed and approved estimate from the contractor and property owner must be submitted with the permit application.)

**City Use Only**  
\_\_\_\_\_  
City Commissioner \_\_\_\_\_ Tax Commissioner \_\_\_\_\_ Public Works \_\_\_\_\_ Engineering \_\_\_\_\_  
\_\_\_\_\_  
City Planner \_\_\_\_\_ Fire Marshal \_\_\_\_\_ Historic Preservation Board \_\_\_\_\_ Building Inspector \_\_\_\_\_

**TYPE OF CONSTRUCTION (CHECK ALL THAT APPLY):**

| FOUNDATION   | EXTERIOR WALLS  | FLOOR CONSTRUCTION   | FLOORS   |
|--|---|--|--|
| <input type="checkbox"/> CONCRETE<br><input type="checkbox"/> CONCRETE BLOCK<br><input type="checkbox"/> BRICK<br><input type="checkbox"/> STONE<br><input type="checkbox"/> PIERS   | <input type="checkbox"/> BRICK VENEER<br><input type="checkbox"/> WOOD SIDING<br><input type="checkbox"/> COMPOSITION<br><input type="checkbox"/> STUCCO<br><input type="checkbox"/> STONE<br><input type="checkbox"/> CONCRETE BLOCK<br><input type="checkbox"/> METAL<br><input type="checkbox"/> VINYL<br><input type="checkbox"/> CONCRETE (HARDIE) | <input type="checkbox"/> WOOD JOIST<br><input type="checkbox"/> CONCRETE SLAB<br><input type="checkbox"/> GRADE<br><input type="checkbox"/> ON FILL<br><input type="checkbox"/> ON PIERS   | <input type="checkbox"/> CEMENT<br><input type="checkbox"/> PINE<br><input type="checkbox"/> HARDWOOD<br><input type="checkbox"/> TILE<br><input type="checkbox"/> CARPET<br><input type="checkbox"/> VINYL<br><input type="checkbox"/> LAMINATE |
| ROOFING  | ROOF TYPE   | INTERIOR FINISH  | PLUMBING   |
| <input type="checkbox"/> ASPHALT SHINGLES<br><input type="checkbox"/> METAL<br><input type="checkbox"/> ROLL ROOFING<br><input type="checkbox"/> TAR & GRAVEL<br><input type="checkbox"/> WOOD SHINGLES<br><input type="checkbox"/> SLATE OR TILE          | <input type="checkbox"/> HIP<br><input type="checkbox"/> GABLE<br><input type="checkbox"/> MANSARD<br><input type="checkbox"/> GAMBREL<br><input type="checkbox"/> FLAT   | <input type="checkbox"/> DRY WALL<br><input type="checkbox"/> PLASTER<br><input type="checkbox"/> PINE<br><input type="checkbox"/> PANEL<br><input type="checkbox"/> UNFINISHED  | <input type="checkbox"/> 4 FIX BATH<br><input type="checkbox"/> 3 FIX BATH<br><input type="checkbox"/> 2 FIX BATH<br><input type="checkbox"/> LAUNDRY<br><input type="checkbox"/> KITCHEN<br><input type="checkbox"/> NO PLUMBING                |
| HVAC   | INSULATION  | ELECTRICAL   |  |
| <input type="checkbox"/> CENTRAL HEAT & AIR<br><input type="checkbox"/> FLOOR FURNACE<br><input type="checkbox"/> ELEC BASEBOARD<br><input type="checkbox"/> WALL FURNACE<br><input type="checkbox"/> CENTRAL HEAT<br><input type="checkbox"/> CENTRAL AIR | <input type="checkbox"/> CEILING<br><input type="checkbox"/> WALLS<br><input type="checkbox"/> FLOORS<br><br>TYPE: _____  | <input type="checkbox"/> OUTLETS & SWITCHES<br><input type="checkbox"/> RANGE<br><input type="checkbox"/> OVEN<br><input type="checkbox"/> DRYER<br><input type="checkbox"/> WATER HEATER<br><input type="checkbox"/> MOBILE HOME SERV | <input type="checkbox"/> SIGNS<br><input type="checkbox"/> FUEL DISP.<br><input type="checkbox"/> LIFT<br><input type="checkbox"/> NEW SERVICE<br><input type="checkbox"/> REWIRING  |
| PORCHES  | ATTIC   | BASEMENT   | WINDOWS  |
| <input type="checkbox"/> OWN ROOF<br><input type="checkbox"/> MAIN ROOF<br><input type="checkbox"/> OPEN PORCH<br><input type="checkbox"/> ENCLOSED & FINISHED   | <input type="checkbox"/> UNFINISHED<br><input type="checkbox"/> FINISHED  | <input type="checkbox"/> NONE<br><input type="checkbox"/> DIRT FLOOR<br><input type="checkbox"/> WOOD FLOOR<br><input type="checkbox"/> CONCRETE<br><input type="checkbox"/> UNFINISHED<br><input type="checkbox"/> FINISHED           | <input type="checkbox"/> WOOD<br><input type="checkbox"/> ALUMINUM<br><input type="checkbox"/> STEEL<br><input type="checkbox"/> THERM PANE  |

**GENERAL CONTRACTOR INFORMATION**

General Contractor \_\_\_\_\_ Primary Phone Number \_\_\_\_\_

Secondary Phone Number \_\_\_\_\_ Email (required) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Business License Number \_\_\_\_\_ Issuing Authority \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

**Provide all applicable information:**

Individual State License Number \_\_\_\_\_ Qualifying Agent State License Number \_\_\_\_\_

Name of Licensed Company \_\_\_\_\_ Company State License Number \_\_\_\_\_

## SUBCONTRACTOR INFORMATION

### Electrical

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Business License Number \_\_\_\_\_ Issuing Authority \_\_\_\_\_ Expires \_\_\_/\_\_\_/\_\_\_

State License Number \_\_\_\_\_ Expires \_\_\_/\_\_\_/\_\_\_ Type of License \_\_\_\_\_

### Mechanical

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Business License Number \_\_\_\_\_ Issuing Authority \_\_\_\_\_ Expires \_\_\_/\_\_\_/\_\_\_

State License Number \_\_\_\_\_ Expires \_\_\_/\_\_\_/\_\_\_ Type of License \_\_\_\_\_

### Plumbing

Company Name \_\_\_\_\_ Address \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Business License Number \_\_\_\_\_ Issuing Authority \_\_\_\_\_ Expires \_\_\_/\_\_\_/\_\_\_

State License Number \_\_\_\_\_ Expires \_\_\_/\_\_\_/\_\_\_ Type of License \_\_\_\_\_

### Permit Fees

|  |         |                   |       |
|--|---------|-------------------|-------|
| Building permit—industrial                 | \$1,200 | Demolition permit | \$100 |
| Building permit—commercial                 | \$1,000 | Electrical permit | \$50  |
| Building permit—single-family              | \$750   | Re-inspection fee | \$50  |
| Building permit—church                     | \$700   |                   |       |
| Building permit—additions or renovation    | \$250   |                   |       |
| Building permit—dock                       | \$200   |                   |       |
| Building permit—accessory or swimming pool | \$150   |                   |       |
| Building permit— fence, sign, or driveway  | \$75    |                   |       |

**Demolition** Full Demolition Partial Demolition Primary Structure Attached Accessory Structure Detached Accessory Structure Demo-Interior Demo-To Slab Demo-TotalIs Demo due to fire?  Yes  NoIs Demo ordered by the City of Darien  Yes  NoHas sewer been capped by a licensed Plumber?  Yes  NoHas a rodent control certificate been obtained in the last two weeks?  Yes  NoIs the structure a mobile home?  Yes  NoIf yes, have the taxes on the mobile home been paid in full?  Yes  No**Tax Commissioner contacted by Building Inspector \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_.****PERSON TO CONTACT WHEN PLANS ARE READY AND/OR IF THERE ARE ANY QUESTIONS**

Name \_\_\_\_\_ Primary Phone Number \_\_\_\_\_

Secondary Phone Number \_\_\_\_\_ Email (required) \_\_\_\_\_

As the contractor, owner, or authorized agent, I hereby apply for a permit to erect and/or alter the structure described herein and/or on accompanying plans and specifications. If a site plan is required, the structure will be located on site as shown on the plan. If a permit is granted, the structure will be constructed as shown and will comply with all state and local codes. I understand that the structure authorized by the permit shall not be occupied and/or used until all inspections have been made, all fees have been paid, and a certificate of occupancy has been issued (if applicable). I understand that I cannot begin work on the structure until a permit has been issued. I also understand that no inspections will be made until licensed subcontractor(s) have been verified and granted applicable permit(s) according to policies of the City of Darien Building Department. I hereby certify that I am the property owner, or the authorized agent of the property owner and that all information contained herein is true and accurate.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

This Permit shall become invalid if contractor, owner, or authorized agent fails to comply with appropriate City, State, and Federal Laws as to license requirements, applicable health regulations, zoning restrictions, environmental protection requirements, minimum standards as defined by Building, Plumbing, Electrical, and Fire Protection Codes. Construction must begin within 180 days from the date of permit issuance, otherwise the permit is null and void.

 Approved  Denied **Building Inspector** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_