



DEPARTMENT OF ADMINISTRATIVE SERVICES

Office of the State Building Inspector

File #: _____

Received by: _____

Threshold: Yes No

OSBI Use Only

BUILDING PERMIT APPLICATION

PROJECT

1. Name of project: _____

2. Address: _____
Street Address Town State Zip Code

3. Project number: _____ 4. Funded by: CSU2020 CHEFA OTHER
If other, explain: _____

5. Construction value declaration: \$ _____

6. Type of work: New Building Existing Building Addition Alteration / Renovation Other (explain): _____

7. Building Information: Construction type: _____ Height: _____
Use group: _____ Number of stories: _____
Square footage: _____ Fully sprinklered: _____

8. Description of proposed work (short summary):

AGENCY

9. Representative: _____ 10. Company: _____

11. Telephone: _____ 12. Email: _____

13. Address: _____
Street Address Town State Zip Code

Applicant's Signature (person at #9 above)

Date

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Affirmative Action/Equal Opportunity Employer*