



CITY OF NORWICH BUILDING PERMIT APPLICATION

This Section To Be Completely Filled Out By Applicant

Address of Work:		Project Value:	
Owners Name:			
Address:	City/Town:	State:	Zip:
Phone (home & day):		E-mail:	
Lessee information (if applicable):			

Contractor:		Contact:	
Address:	City/Town:	State:	Zip:
Phone (office & cell):		E-mail:	
Registration No.:	Expiration Date:	C.B.Y.D. No.:	

Applicant:	Email:	Phone:
Address:	City/Town:	State: Zip:

Work Description:

Trade Permit:	Code Section:
Electric Service H.V.A.C. Heating Air Conditioning Plumbing Fireplace Fuel Tank Alarm Sprinkler Hood & Duct Concrete	IRC IBC IEBC NEC IECC

This Section to be Filled Out by City of Norwich Staff	
Assigned To:	Plan Rev.:
Owner's Authorization: <input type="checkbox"/>	Use Group:
Workers Comp. <input type="checkbox"/> or Aff. <input type="checkbox"/>	Construction Classification:
Historic District: <input type="checkbox"/> Floodway (FEMA): <input type="checkbox"/>	ResCheck:

Type:
Residential # of Units: _____
→ Owner Occupied
Commercial
Industrial
Municipal
Other

City of Norwich Staff Notes:

I, THE UNDERSIGNED, hereby affirm and attest that I am familiar with the requirements and provisions of the BUILDING CODE of the STATE of CONNECTICUT and the Ordinances of the CITY OF NORWICH as they apply to the work described above, and I agree to satisfy those requirements in every portion of that work, and to give the applicable local and state requirements precedence over other written specifications, drawings and instructions.

I further agree to cooperate with and assist the Officials of the CITY OF NORWICH in their inspections of this work, and in the enforcement of applicable local and state codes and regulations.

I hereby certify that I am the Owner or Authorized Agent of the Owner of the Property herein described, and that I have the necessary legal right and authority to proceed with the work herein outlined, and that the information I have given is true and correct, and that the cost estimate is accurate to the best of my knowledge.

I authorize the CITY OF NORWICH to properly dispose of all residential construction plans two years after issuance of the Certificate of Occupancy unless written request is submitted to the Building Department within that time. By checking this box and typing your name below you are signing this application per CGS Sec 1-272(c)

Print Name:	Signature:	Date:
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CITY OF NORWICH

TRADE PERMIT INFORMATION

Project Address: _____ **For Permit #:** _____

Heating, Ventilating & Air Conditioning Sent to NPU? By: _____

Contractor: _____ Phone #: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

CT Lic #: _____ Expires: _____ Verified: _____ Insurance: Cert. 7A 7B 7C

System: Hot Water Boiler Steam Boiler Furnace Stove Ventilation Air Conditioning
 Fuel: Natural Gas LP Gas Oil Wood Coal Pellet Electric Other
 Make: _____ Model: _____ BTU's: _____ Location: _____
 Combustion Air: Sealed Input BTU's: _____ x 50 = _____ Ft.³ Combustion Air Required _____ Ft.³ Available
 Venting: New Chimney Existing Chimney Masonry Metal Lined? Size: _____
 Direct Vent Power Vent Other: _____

Remarks: _____

Plumbing/Fuel Piping & Water Heater Sent to NPU? By: _____

Contractor: _____ Phone #: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

CT Lic #: _____ Expires: _____ Verified: _____ Insurance: Cert. 7A 7B 7C

Water Supply: Public Well Waste Destination Public Sewer Private Septic
 Gas Supply: Natural LP
 Pipe Type: _____
 Remarks: _____

Fuel/Gas Storage Tanks Fire Marshall Approval? By: _____

Contractor: _____ Phone #: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

CT Lic #: _____ Expires: _____ Verified: _____ Insurance: Cert. 7A 7B 7C

Scope: Installation Removal Location: Above Ground Below Ground
 Fuel/Gas: LP Gas Oil Diesel Kerosene Other: _____ Size: _____ Gallons
 Make: _____ Vent Size: _____ " Diameter Listing/Rating: UL Other: _____
 Remarks: _____

Associated Piping Under Plumbing Section. Applicant is Responsible for Proper Handling and Disposal of all Removed Materials

Electrical Code: IRC NEC Sent to NPU? By: _____

Contractor: _____ Phone #: _____

Address: _____ City/Town: _____ State: _____ Zip: _____

CT Lic #: _____ Expires: _____ Verified: _____ Insurance: Cert. 7A 7B 7C

Main Disconnect: Amps Conductor Type: _____ Conductor Size: _____
 Number of Meters: Voltage: _____ Phase _____ Total Load: _____ kw
 Remarks: _____

Contractor Must Confirm Service Location with Norwich Public Utilities Coordinator @ (860) 823-4160 or (860) 823-4198 Prior to Starting Work. Only Contractors with a Valid Connecticut E-1 License May Cut and Tap. When Necessary, Only NPU Jumper Covers can be used. Before Re-Connecting, an Inspection must be performed by the Building Department. Please allow 24 Hours Notice. To schedule an inspection for Business Hours: Monday thru Friday between 9:00AM - 4:00PM, Call (860) 823-3745. For After Hours Emergencies Call the Norwich Public Utilities Control Room @ (860) 823-4158.

Final Approval By: _____ Building Official Date: ____/____/____