

FEE:
\$10/per \$1,000 est. cost (or part thereof)
\$.26/\$1,000 est. cost State Fee
\$10 C.O. habitable space/accessory structures

**TOWN OF LEDYARD
BUILDING PERMIT
APPLICATION**



Application Date _____
Check _____ Cash _____
Receipt# _____
Permit # _____

PLEASE INCLUDE A COPY OR PROVIDE PROOF OF APPROVAL FROM THE FOLLOWING DEPARTMENTS (AS APPLICABLE) WITH YOUR APPLICATION:

Planning/Zoning _____ Ledge Light Health District (LLHD) _____ Wetlands (IWWC) _____

Applications will not be reviewed until complete. Incomplete Applications will be denied after 30 days.

APPLICATION FEES WILL NOT BE REFUNDED REGARDLESS OF PERMIT STATUS OR OUTCOME

EST. VALUE: _____ FEE: _____ PAID: YES ___ NO ___ CHECK#: _____

PERMIT TYPE: _____ USE GROUP: _____ TYPE CONST: _____ RESIDENTIAL: YES ___ NO ___

LOCATION OF JOB: _____

OWNER: _____ TELE. #: _____

OWNER ADDRESS (IF OTHER THAN ABOVE): _____

EMAIL: _____

CONTRACTOR: _____

ADDRESS: _____

TELEPHONE: _____

LICENSE NUMBER: _____

EMAIL: _____

DESCRIPTION OF STRUCTURE:

LENGTH: _____ WIDTH: _____ HEIGHT: _____
TOTAL SF: _____ 1st Floor: _____
2nd Floor: _____ # BATHS: _____
BEDROOMS: _____ GARAGE: YES ___ NO ___
BASEMENT: YES ___ NO ___ ATTIC: YES ___ NO ___

DESCRIPTION OF PROPOSED WORK:

OWNER/AGENT _____

SIGNATURE

PRINT

I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT.

BUILDING OFFICIAL _____

APPROVED _____ ISSUE DATE: _____ CONDITIONS: _____

DENIED _____ DATE _____ REASON OR REASONS FOR DENIAL _____