



BUILDING PERMIT APPLICATION
Town of Marlborough Land Use & Building Department
26 No Main Street
Marlborough, CT 06447
860.295.6202

Date: _____

Property Location

Name of Applicant

Property Owner

Mailing Address

Mailing Address

Phone Number

Phone Number

Email Address

Email Address

Electric

Mechanical

Plumbing

Other

Description of Work:

Provide Copy of License, Insurance (COI) and or 7A Form with permit

Cost of Materials and Labor:

I understand that applying for this permit does not guarantee that it will be issued, and **no work shall be done prior to the issuance of said permit or the approval of the Building Official.** I agree to be in compliance with all applicable codes, standards, statues and ordinances which may pertain. If other than the owner/applicant hereby certifies that they are authorized by the owner to make this application per C.G. S.20-338B.

THIS IS NOT A PERMIT

Print Name

Signature of Applicant:

IT IS UNDERSTOOD THAT NO WORK WILL BE STARTED UNTIL THE PERMIT HAS BEEN ISSUED

Building Permit Validation

Date Received

Permit Fee\$

Zoning Fee\$
