



Town of Marlborough Land Use & Building Department
26 North Main Street
Marlborough, CT 06447
860-295-6202

BUILDING PERMIT APPLICATION

Date of Application _____

Permit # _____

Property Location _____

Name of Applicant _____

Property Owner _____

Mailing Address _____

Mailing Address _____

Phone Number _____

Phone Number _____

Email Address _____

Email Address _____

Applicant is: _____ Property owner _____ Contractor - Contractor License No. _____

Is this a secondary permit? _____

Electric _____

HVAC _____

Plumbing _____

OTHER _____

Description of Work:

Size of Structure, Addition, Shed etc. _____ Cost of Materials & 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, statutes, 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

Signature of Applicant _____

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

Verification of Real Estate Taxes

Taxes Paid _____ Taxes Unpaid _____ Tax Collector's Signature _____

Building Permit Validation

Date Received _____ Receipt # _____ Permit Fee\$ _____ Zoning Fee\$ _____

_____**APPROVED** _____**DENIED**

Signature _____

Date _____

Robert L. Roraback Building Official

Other Approvals (If necessary)

Special Permit_____ Site Plan_____ Wetlands Permit_____ Variance_____

Zoning

This approval is based on the plot plan submitted. Falsification, by representation or omission, or failure to comply with the conditions approval of this permit shall constitute a violation of the Marlborough Zoning Regulations. Any modification or alteration of the approved plans shall required further review and/or approval.

Permit Hereby: Non Applicable_____ Denied_____ Approved_____

Date Approved_____ Permit#_____ By_____

Zoning Enforcement Official

Health Department

Permit Hereby: Non Applicable_____ Denied_____ Approved_____

Date Approved_____ By_____

Chatham Health Official

Fire Marshal

Permit Hereby: Non Applicable_____ Denied_____ Approved_____

Date Approved_____ By_____

Fire Marshal
