HOW TO SUCCESSFULLY USE PERMITLINK

TOWN OF ASHFORD BUILDING DEPARTMENT





TOWN OF ASHFORD, CT

5 Town Hall Road, Ashford, CT 06278 860-487-4404 www.ashfordtownhall.org

Building Permit

Please include a detailed description of your project/s.

Please include both the phone number and email address of homeowner.

BUILDING/ZONING APPLICATION FORM					
PROJECT LOCATION INFORMATION	N .				
Street No. & Street Name:					
Detailed Description of Project:					
			//		
Work Includes: Electrical	CRS#	HVAC	Plumbing	Fuel Gas/LP	
Residential Projects – 2 complete sets of detailed Commercial Projects - 3 complete sets of detailed			elect Permit Work Typ	e	
PROPERTY OWNER'S INFORMATIO	N AS IT APPEARS ON THE L	AND RECORDS			
Name:					
Business Name (if applicable):					
Mailing Address:					
Phone:	Cell:	Email:			
APPLICANT/CONTRACTOR INFORMATION Contractor Lookup					
Name:	Use Group:		▼ Construction Type:	▼	

IF A CONTRACTOR OR LICENSED PROFESSIONAL IS COMPLETING THE WORK ON YOUR HOME, YOU <u>MUST</u> INCLUDE AN ATTACHMENT OF THEIR <u>CURRENT INSURANCE POLICY</u>, AND A <u>COPY OF THEIR STATE OF</u> CONNECTICUT HOME IMPROVEMENT LICENSE.

THESE ITEMS CAN BE ATTACHED TO THE PERMIT APPLICATION BY SELECTING THE PAPERCLIP ICON ON THE UPPER RIGHT-HAND CORNER.

Residential Projects – 2 complete sets of detailed Commercial Projects - 3 complete sets of detailed				Select Permit Work Ty	ре	▼	Attach
PROPERTY OWNER'S INFORMATIO	N AS IT APPEARS	ON THE LAND RE	CORDS				<u>†</u>
Name:							
Business Name (if applicable):							This icon will allow you to
Mailing Address:							upload building plans,
							insurance/license
Phone:	Cell:		Email:				information, or any other
APPLICANT/CONTRACTOR INFORM	NATION	Contract	or Lool	kup			information pertaining to
Name:	Use	Group:		▼ Construction Type:		▼	your application.
Business Name (if applicable):			Ins. Co.:		Exp. Date:		your application.
License/Registration (Type & No.):			Expiration	Date:			
Mailing Address:							
							Please include both the
Phone:	Cell:		Email:				
SUB-CONTRACTOR INFORMATION	(OPTIONAL)						phone number and email
Name:		Phone:		Lic. No. :	Exp. Date:		address of the contractor.
Name:		Phone:		Lic. No. :	Exp. Date:		
Name:		Phone:		Lic. No. :	Exp. Date:		

If you will be completing the project yourself, please contact the Land Use Clerk: kconnolly@ashfordtownhall.org and ask for a 7 B form. You will need to upload the 7B form to your application.

The value of the project should include the price of labor AND supplies.

I am aware that this is only an Application for the issued by the Building Official.	e work described, and that I am not auth	norized to proceed with the pr	oject until such time as a Permit has be	
I hereby certify that the proposed work shall comunicipal ordinances, and the municipal zoning re			,	
Signature:	Print Name:	Print Name:		
VALUE OF PROJECT: Value shall include	PERMIT FEES (Of	PERMIT FEES (Office Use Only)		
TOTAL VALUE OF PROJECT: \$		Building Fee:	\$	
		Working without a Permit Fee:		
		State Ed. Fee:		
An Application for a Permit for any proposed wor days after the date of filing, unless such Application	Permit Zoning Compliance F	ee:		
has been issued. Application and Permit fees for municipal ordinances.	Certificate Fee:			
Demolition and Fire Protection work shall require	TOTAL FEES:	\$		
	Fees Paid:	Date Paid:	Cash	
		Receipt No.:	Check#	

₹PermitLink

Permit fees can be paid online through PermitLink or by mailing/dropping off a check. Please write all checks to "Town of Ashford".