

Town of Trumbull
Connecticut

Town Hall
5866 Main Street
Trumbull, Connecticut 06611

TRUMBULL BUILDING
DEPARTMENT

building@trumbull-ct.gov



203.452.5020
Fax: 203.452.5093

Please fill out in ink

APPLICATION FOR BUILDING PERMIT

Date: _____

House Number: _____ Lot Number: _____ Street: _____

Owner: _____ Phone: _____

Owner's Address: _____
Street City State

Email address: _____

PLEASE CHECK ITEMS/ANSWER QUESTIONS BELOW THAT APPLY TO YOU:

Construction: Residential () Commercial () New () Addition () Pre-existing () Use Group _____

Description: _____

I estimate the value of this work will be: \$ _____ Permit Fee \$ _____

Structure: Frame _____ Brick _____ Concrete Block _____ Other _____

Size of Building _____ Number of Floors _____ Floor Area _____ Zone _____

Foundation: Basement Yes _____ No _____ Walls: Poured Concrete _____ Block _____

Is there a building on this lot now? _____ If so, how occupied? _____

Sewer: _____ Septic: _____ City Water: _____ Well: _____

Contractor's Name: _____ Email: _____

Address: _____

Phone: _____ Cell Phone: _____ Fax: _____

New Home Construction # _____ Home Improvement License # _____

Architect's Name: _____ Lic #: _____

Address: _____

Phone: _____ Cell Phone: _____ Fax: _____

I HEREBY MAKE APPLICATION FOR A PERMIT TO DO WORK IN ACCORDANCE WITH THE CONNECTICUT STATE BUILDING CODE IN EFFECT AT THE TIME OF APPLICATION AND WITH ANY AND ALL REGULATIONS OF THE TOWN OF TRUMBULL.

Applicant's Signature: _____ Applicant's Printed Name: _____

Address: _____ Phone: _____

THE PROPOSED WORK IS AUTHORIZED BY THE OWNER-IN-FEE AND THE UNDERSIGNED IS AUTHORIZED BY THE OWNER-IN-FEE TO MAKE THE APPLICATION FOR BUILDING PERMIT.

Agent of owner's signature: _____ Agent of Owner's Printed Name: _____

DATE: _____
PERMIT #: _____

Address: _____

Description of Work: _____

Departmental Approval for Building Permit

Required

Planning & Zoning _____

Engineering _____

Inland Wetlands _____ **Flood Plain? Yes No**

W.P.C.A. _____

Health Department _____

Fire Marshal _____

Tax Collector _____ **Date:** _____

I acknowledge the same sign-offs that are required to obtain a Building Permit will be required before inspection for Certificate of Occupancy, or Completion.

Applicant's Signature: _____

A CERTIFICATE OF INSURANCE IS REQUIRED FOR ALL CONTRACTORS

Insulation documents required

RES check _____

MEC check _____