

**CITY OF BRIDGEPORT
BUILDING DEPARTMENT**

Permit No.
Receipt No.
Date Issued. <input type="checkbox"/> <i>Special Conditions on Rear</i>

To Erect

Site Address

Owner

Address

Telephone

Prime Contractor

Address Contractor

Telephone

Architect-Engineer

Ct Registration No.

Address

Telephone

Value of Work

Bldg. Dept. Est.

Mail Permit To-

Name

Address

City

Telephone

FBBS (OFFICE USE ONLY)

Building Fee \$ _____

Occupancy Fee \$ _____

Full Fee

Total \$ _____

OFFICE USE ONLY	Flood Zone	Use Group	Floor Load	Fire Grading	Occup. Load	Type Const.	Code Version
Dimensions		Length	Width	Height		Stories	Area
	New Const.						
	Existing						
Sprinklers: <input type="checkbox"/> Required		<input type="checkbox"/> Hazard Class		Water Demand: PSI,		GPM,	

TYPE OF CONSTRUCTION

Exterior Walls	Floor /Roof	Interior Frame
<input type="checkbox"/> Combustible <input type="checkbox"/> NonCombustible	<input type="checkbox"/> Combustible <input type="checkbox"/> NonCombustible	<input type="checkbox"/> Combustible <input type="checkbox"/> NonCombustible

TYPE OF IMPROVEMENT

New construction

Addition

Alterations

Interior Exterior

Repairs

Other _____

Change of use:

New: _____ Existing: _____

Describe Work To Be Done Fully:

USE GROUP(S)

RESIDENTIAL

One Family Two family

Three or more family # _____ units

Hotel-Motel-Rooming House

Garage # _____ Cars

SWIMMING POOL

Private (1 Family Dwelling)

Public (State Health Dept. approval required)

Shed or Other _____

NON-RESIDENTIAL

Assembly, Church, Restaurant, etc.

Office, Bank, Professional

Educational 12th Grade or less

Industrial

Institutional

Mercantile, Stores, etc.

Parking Garage

Service Station

Storage

Other _____

HOLD HARMLESS / RELEASE

City of Bridgeport and Bridgeport Building Department require that permittee shall indemnify and hold -harmless "City/Department", its employees and agents and release both from any and all claims or actions brought by third parties for injuries or damages of property in connection with granting of this permit and work to be performed there under. Permittee may be required to insure against such claims in amounts appropriate to meet such obligation. City/ Department shall have the right to review and specify such amount and scope of coverage as it may deem appropriate for activities conducted under this permit.

The owner acting herein by and through his agent, licensed Engineer or Architect of the above described property hereby approves this application and agrees to comply with all appropriate statutes of the State of Connecticut and all regulations of the Connecticut State Building Code and to do work not specifically covered by this application.

"I declare under penalties of perjury that this application, including any accompanying plans, specifications, etc., has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of the work to be covered by this application, the proposed work is authorized by the owner in fee and applicant is authorized to make such application, and that I am the agent, Licensed Engineer, or Architect employed by the owner to the proposed work."

ZONING APPROVAL Block _____ Lot _____	HEALTH DEPARTMENT
<input type="checkbox"/> Z B A	FIRE MARSHAL
<input type="checkbox"/> Zoning Commission	
ENGINEERING APPROVAL	<input type="checkbox"/> HISTORICAL DISTRICT
<input type="checkbox"/> Flood Zone	
<input type="checkbox"/> Sanitary	
<input type="checkbox"/> Comb.	
<input type="checkbox"/> Storm	
<input type="checkbox"/> D E P	

Signed: _____ Date: _____

Signature of Owner or Authorized Agent Print Name

Address: _____

Print Number and Name of Street City State Zip Code Phone