The City of Waterbury
DEPARTMENT OF INSPECTION
26 Kendrick Ave
Waterbury, CT 06702
(203) 574-6832

EXISTING PERMIT #: A

Addition to Building Permit

Date:_____

PLEASE PRINT LEGIBLY

Applicant:
Name: _____
Address: _____
City/State/Zip: _____

Location of Work:

_____

Owner:
Name: _____
Address: _____
City/State/Zip: _____

Registration Number: _____
Phone Number: _____

Architect:
Name: _____
Address: _____
City/State/Zip: _____

What is the reason for this "Addition to Building Permit" Application ? (Please describe in detail):

(MUST CHECK ONE)

O PROPOSED USE	**O EXISTING USE**
O Commercial	O Residential
O Industrial	O Other:_____
O Restaurant	O Temporary Structure
O Hospital	

Plan(s) on file? O Yes O No

Estimated Cost

(Difference btw. "Addition to" and "Original" Permit)

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as an authorized agent and we agree to conform to all applicable laws of this jurisdiction.

PRINT NAME: _____ **SIGNATURE:** _____

Do not write below this line - For Office use Only

Required?	Department	Signature	Required?	Department	Signature
O Yes O No	Zoning	_____	O Yes O No	Health	_____
O Yes O No	Engineering	_____	O Yes O No	Traffic	_____
O Yes O No	City Plan	_____	O Yes O No	Del Tax (allow 10 days)	_____
O Yes O No	Fire Marshal	_____	O Yes O No	Water	_____
O Yes O No	Inland/Wetland	_____	O Yes O No	Waste	_____

Permit Fee: $_____

State Ed Fee: $_____

Penalty Fee: $_____

TOTAL: **$**_____

Date Issued: _____

Issued By: _____

Reviewed By: _____

revised 4/30/09