



# CONNECTICUT Administrative Services

## Office of the State Building Inspector

File #: \_\_\_\_\_

Received by: \_\_\_\_\_

Threshold: ☐ Yes ☐ No

*OSBI Use Only*

### BUILDING PERMIT APPLICATION

#### PROJECT

1. Name of project: \_\_\_\_\_

2. Address: \_\_\_\_\_  
*Street Address Town State Zip Code*

3. Project number: \_\_\_\_\_ 4. Funded by: ☐ CSU2020 ☐ CHEFA ☐ OTHER  
If other, explain: \_\_\_\_\_

5. Construction value declaration: \$ \_\_\_\_\_

6. Type of work: ☐ New Building ☐ Existing Building ☐ Addition ☐ Alteration / Renovation ☐ Other (explain): \_\_\_\_\_

7. Building Information: Construction type: \_\_\_\_\_ Height: \_\_\_\_\_  
Use group: \_\_\_\_\_ Number of stories: \_\_\_\_\_  
Square footage: \_\_\_\_\_ Fully sprinklered: \_\_\_\_\_

8. Description of proposed work (short summary):  
\_\_\_\_\_  
\_\_\_\_\_

#### AGENCY

9. Representative: \_\_\_\_\_ 10. Company: \_\_\_\_\_

11. Telephone: \_\_\_\_\_ 12. Email: \_\_\_\_\_

13. Address: \_\_\_\_\_  
*Street Address Town State Zip Code*

Applicant's Signature (person at #9 above)

Date

**450 Columbus Boulevard, Suite 1303 | Hartford, CT 06103**

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Rev. 6/6/2025