



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:

<input type="checkbox"/>				
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

Division of Regulatory Compliance | Department of Administrative Services

Phone: (860) 713-5900 | DAS.OSBI@ct.gov

Affirmative Action/Equal Opportunity Employer