



**DEPARTMENT OF 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**

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Affirmative Action/Equal Opportunity Employer*