

TOWN OF WINDSOR LAND USE & BUILDING PERMIT APPLICATION		Complete and Return All Copies to the Code Enforcement Officer	
NAME: _____ PH # _____			
I. LOCATION	NO. & STREET _____ N--S--E--W-- SIDE OF STREET _____	MAP---LOT _____	
II. TYPE OF IMPROVEMENT		III. TOTAL COST OF IMPROVEMENTS (OMIT CENTS) \$	
<input type="checkbox"/> Renovation <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Wrecking <input type="checkbox"/> Moving <input type="checkbox"/> Foundation only <input type="checkbox"/> Garage <input type="checkbox"/> Other		IV. PROPOSED USE --- RESIDENTIAL <input type="checkbox"/> One Family <input type="checkbox"/> Garage <input type="checkbox"/> Other (specify) _____ Other Building on same lot _____	
V. DETAILS OF NEW WORK			
TYPE OF WATER SUPPLY		TYPE OF SEWAGE DISPOSAL	
<input type="checkbox"/> Individual (well, etc.)		<input type="checkbox"/> Private Internal Permit # _____ Subsurface Permit # _____	
		HEATING FUEL	
		<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Other	
Dimensions of new building _____ x _____		of addition _____ x _____ No. Stories _____	
Foundation Type <input type="checkbox"/> Slab <input type="checkbox"/> Pilings <input type="checkbox"/> Frost Wall <input type="checkbox"/> Cellar		Thickness _____	
Type of Frame <input type="checkbox"/> Wood		Style roof -- _____ roofing ---	
If garage <input type="checkbox"/> attached <input type="checkbox"/> separate			
If Dwelling -- No. Rooms To Be Finished _____		No. Baths _____	No. Bedrooms _____ Sq. Ft. Floor Area _____
Fireplaces: Yes <input type="checkbox"/> No <input type="checkbox"/> # _____		Woodstove: Yes <input type="checkbox"/> No <input type="checkbox"/> # _____	
General description of work -- Plans submitted		Yes <input type="checkbox"/> No <input type="checkbox"/>	
VI. IDENTIFICATION			
Address _____		Zip _____ Tel. _____	
Owner _____			
Contractor _____			
Electrician _____			
Architect _____			
Plumber _____			

THE OWNER OF THIS BUILDING AND THE UNDERSIGNED
AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE TOWN OF WINDSOR

SIGNATURE OF APPLICANT _____		Address _____		Date _____	
Do Not Write in this Space					
Safety Inspection Required		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
		Date Issued: _____			
Approved by Fire Chief _____		Date: _____		Plumbing Inspection _____	
		Date: _____			
Approved by -- _____		Permit No. _____		Date Permit Issued _____	
				Permit Fee _____	

VII. SITE OR PLOT PLAN -- for applicant use

FOR OFFICE USE ONLY

VIII. LAND USE ---	SETBACKS --	HEIGHT --
USE --	FRONT YARD --	FROM MEAN ORIGINAL GRADE
	SIDE YARD --	SHORE LANDS --
	REAR YARD --	UPLANDS --

Is Structure located in a special Flood Hazard Zone? YES NO (If Yes, attach Flood Hazard Development Permit)

INSPECTION NOTES ---

By accepting this permit and approved application the owner/applicant agrees to comply fully with conditions of approval and all Windsor adopted codes and ordinances that may apply to this application and permit.

Signed: _____
Owner/applicant Date