

SUPPLEMENTAL PERMIT

BUILDING DEPARTMENT

TOWN OF EAST HADDAM

1 Plains Road P.O. Box 385 Moodus, CT 06469 Telephone: (860) 873-5024 Facsimile: (860) 873-1565 E-Mail: <u>building.dept@easthaddam.org</u>

Permit Value: \$	Permit Fee: \$	_ Permit #:
Property Address:	Zip Code	
Property Owner:	Applican	nt:
Name:	Name:	
Street Address:	Street Address:	
City, State, Zip:	City, State, Zip:	
Phone #:	Phone #:	
Email Address:	Email Address:	
Flood Hazard Area: Yes D N/A	HIC#	Сору 🗌
	COI - W/C = 74	A - 7B - 7C
Permit Type: Electrical	HVAC Plumbing	Mechanical

Scope of work:

Affidavit: I hereby certify that I am the owner of the property which is the subject of this application or the authorized agent of the property owner and I have been authorized to make this application. I understand that when a permit is issued, it is a permit to proceed and grants no right to violate the State of Connecticut Building Code or any other code, ordinance or statue, regardless of what might be shown or omitted on the submitted plans and specifications. All information contained within is true and accurate to the best of my knowledge and belief.

All approved and issued permits are subject to inspections performed by a representative of this office. Requests for inspections must be made **48 hours** in advance. <u>COA inspections must be completed **10 days** prior to issuance of certificate paperwork.</u> I hereby certify and acknowledge that, I have read and fully understand as the owner/agent, it is I who is responsible for calling for the required inspections that the Town of East Haddam, CT has posted in the Building Department. As the agent I also certify that a re-inspection fee may be assessed to me or my company for permits that have expired 180 days after issuance.

Owner / Applicant / Agent /Contractor Signate	ıre	Date	
APPROVAL DATE	Map # Lot #	Tax Collector Signature	
APPROVAL DATE	Building Official Signature		

THIS IS NOT A PERMIT UNLESS SIGNED BY THE BUILDING OFFICIAL