

TOWN OF STERLING
1183 PLAINFIELD PIKE, POB 157, ONECO, CT 06373
OFFICE OF THE BUILDING OFFICIAL
BUILDING PERMIT APPLICATION

Permit #: _____

- 1 Project Address: _____
 Map _____ Block _____ Lot _____
 2 Owner: _____ Phone #: _____
 3 Owner's Address: _____
 4 Applicant: _____ Phone #: _____
 5 Applicant Address: _____
 6 Contractor: _____ Phone #: _____
 7 Contractor Address: _____
 8 License/Registration #: _____ Exp. Date: _____ Workers Comp
 9 Electrician: _____ Phone #: _____
 10 Electrician License #: _____ Exp. Date: _____ Workers Comp
 11 Plumber: _____ Phone #: _____
 12 Plumber License #: _____ Exp. Date: _____ Workers Comp
 13 HVAC Contractor: _____ Phone #: _____
 14 HVAC Contractor License #: _____ Exp. Date: _____ Workers Comp
 15 Concrete Supplier: _____ Concrete Installer: _____
 16 Type of Sewage - Private _____ Public _____ 17. Type of Water - Private _____ Public _____
 18 Driveway Bond (if required): _____

19 Project Description:

- 20 Plans Attached
 21 ESTIMATED COST OF PROJECT: \$ _____
 22 Other Details: Floor Area: First Floor: _____ Second Floor: _____ Other: _____
 23 Type of Heat: Hot Water: _____ Hot Air: _____ Steam: _____ Electric: _____ Wood: _____ Gas: _____ Oil: _____
 24 Type of Work: New Construction: _____ Addition: _____ Alteration: _____ Repair: _____ Demolition: _____
 25 Wetlands Approval: If prior approval/wetlands permit has been issued, please provide the following:
 26 Original Owner's name/Name of Sub-division: _____
 27 Wetlands Application # and Date of Approval: _____

WETLANDS AGENT:
Approved: _____ Date: _____

ZONING AGENT:
Approved: _____ Date: _____

TAX COLLECTOR:
Approved: _____ Date: _____

BUILDING OFFICIAL:
Approved: _____ Date: _____

FEES: (for office use)	
Wetlands fee:	_____
Zoning fee:	_____
Est. Cost of Project:	_____
minus	1,000.00
subtotal	_____
divided by	1,000.00
subtotal	_____
times \$10.26/K fee	10.26
subtotal	_____
plus min fee	35.00
subtotal	_____
Total Fee	_____

The Owner of this building and the undersigned agree to conform to all applicable State of Connecticut Building Codes and the laws of this jurisdiction and to notify the Building Official of any changes in plans for which this permit is issued.

Signature of Applicant _____ Dated _____

Please post a copy of this in a conspicuous place or window for the duration of the project

Date Received: _____ Receipt #: _____ Check #: _____ Cash: _____

WORKERS' COMPENSATION COVERAGE AFFIDAVIT

In accordance with Public Act 96-216, Section 4, effective June 4, 1996, and as Permittee on the project listed below, I hereby choose the following option to verify compliance with the above stated Connecticut Workers' Compensation Laws:

PROJECT IDENTIFICATION:

Property Owner _____

Property address work being done _____

Description of Work _____

PROPERTY OWNER:
I am the owner of the above property and I WILL NOT act as the general contractor or principal employer.

Signature _____

SOLE PROPRIETOR
I am the Sole Proprietor of a business doing work at the above named property and I WILL NOT act as the general contractor.

Signature _____

PROPERTY OWNER:
I am the owner of the above described property and WILL BE acting as the General Contractor on this project and hereby swear and attest that I WILL require proof of Workers' Compensation Insurance from each and every subcontractor or other worker before he/she engages in work on my property for this project.

CONTRACTOR
I intend to act as a general contractor on the above referenced project and hereby swear and attest that I WILL require proof of Workers' Compensation Insurance from all subcontractors and all other workers employed on this job site. I understand it is my responsibility to insure compliance with the CT Workers' compensation Laws on this project.

In accordance with Public ACR 96-216, Section 4, I hereby state that I fully understand that every person employed or engaged to perform services on this construction site (including sole proprietors, independent contractors, and both owners and employed of subcontracting companies), are required to have Workers' Compensation Insurance. I also understand that there are new significant penalties under the Workers' Compensation Laws for misrepresenting one's employer status.

(Signed) _____ Date _____

Subscribed and sworn to before me on this _____ day of _____ 20__

(Notary, Commissioner of the Superior Court, Justice of the peace)