



**Borough of Fenwick Building Department**

580 Maple Avenue, Old Saybrook, CT 06475  
Telephone: (860) 388-3499 Fax: (860) 388-1469  
[buildingofficial@fenwicknews.com](mailto:buildingofficial@fenwicknews.com)

Building Permit No: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Residential or  Commercial  
and/or

HVAC  Electrical  Plumbing

Job Location: \_\_\_\_\_

Description of Work to Be Performed: \_\_\_\_\_

(Modifications/changes to approved plans must be submitted to ALL departments **PRIOR TO CONSTRUCTION.**)

Property Owner's Name: \_\_\_\_\_

Property Owner's Address/Phone: \_\_\_\_\_

Contractor's Name: \_\_\_\_\_

Home Improvement Reg. # /New Home Contractor #: \_\_\_\_\_

Contractor's Mailing Address: \_\_\_\_\_

Contractor's Phone/Cell/Email: \_\_\_\_\_

**Construction Information:**

Use Group: \_\_\_\_\_

Construction Type: \_\_\_\_\_

Number of Stories: \_\_\_\_\_

Sq. Ft. of Floor Area per Story: \_\_\_\_\_

Flood Plain: \_\_\_\_\_

Check appropriate box:

Municipal Water:

Well Water:

Private Septic:

Heating System:  Yes or  No

**CERTIFICATION:** I hereby certify that:  I am the owner of record of the named property or  that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, and we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Printed name of Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone/Cell/Email: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Commercial or Residential – Check Trade Permits Included:

ELEC  PLMB  HVAC  SPR

CRS # \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

*Building Official*

Estimated Value of Work: \$ \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

State Education Fee: \$ \_\_\_\_\_

Total Fee: \$ \_\_\_\_\_