



TOWN OF LEBANON
BUILDING DEPARTMENT
579 EXETER ROAD
LEBANON, CT 06249
Phone: 860-642-6028 Fax: 860-642-7716

Renovations/Repair/Windows Permit Application

Job Address: _____ Date: _____
Owner: _____ Contractor: _____
Mailing Address: _____ Mailing Address: _____

Phone: _____ Cell: _____ Phone: _____ Cell: _____
Email: _____ Email: _____
Lake District: YES NO Village District: YES NO License Type: _____ License #: _____

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Renovation

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Repair

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Window/Door Replacement

DETAILED DESCRIPTION

I hereby certify that the proposed work will conform to the State Building code and all other codes as adopted by the State of Connecticut and Town of Lebanon and further attest that the proposed work is authorized by the owner in fee and that I am authorized to make application for a permit for such work as described above. I grant permission to the Building Official to enter the property to do required inspections. I understand that under the International/Residential Building Code, Section 110, **A CERTIFICATE OF OCCUPANCY/COMPLIANCE IS REQUIRED FOR ALL PERMITS ISSUED.**

Applicant Signature: _____ Date: _____
COPY OF LICENSE REQUIRED (Other than Homeowner Applicant)

Construction Value: \$ _____

FOR OFFICE USE ONLY:

Permit #: _____ Permit fee: \$ _____ Check # _____ Cash: _____

Building Official Approval: _____ Date: _____

Fire Marshall Approval if Applicable: _____ Date: _____

Zoning Officer Approval if Applicable: _____ Date: _____

Health Dept. Approval if Applicable: _____ Date: _____