

## TOWN OF LEBANON BUILDING DEPARTMENT 579 EXETER ROAD LEBANON, CT 06249

Phone: 860-642-6028 Fax: 860-642-7716

## **Trades Permit Application**

Job Address:				
Owner:				
Mailing Address:	Mailing Address			
Phone:Cell:_		Phone:	Cel	ll:
Email:	Email:	Email:		
Lake District: YES NO Village D	istrict: YES NO	License Type: _	License ‡	#: <u> </u>
☐ Electrical ☐ Plun	nbing	HVAC		Fuel Gas
Summary Description Please at	tach prints/specs./l	load calcs. Etc.:		
,,				
I hereby certify that the proposed wo for Connecticut and Town of Leband am authorized to make application to enter the property to do require Section 110, A CERTIFICATE OF OCC	on and further attest t for a permit for such red inspections. I ui	that the proposed wo work as described ab nderstand that unde	ork is authorized by ove. I grant permiser the International,	the owner in fee and that I ssion to the Building Official /Residential Building Code,
Applicant Signature:			Date:	
COPY OF LI	CENSE REQUIRED (O	ther than Homeowne	er Applicant)	
Construction Value: \$	<del></del>			
Fee Paid with General Building Pern	nit?			
	FOR O	FFICE USE ONLY:		
Permit #:	Permit fee:	\$	Check #	Cash:
Building Official Approval:			_ Date:	
Fire Marshall Approval if Applicable				
is the contract of the foundation of			= = = = = = = = = = = = = = = = =	

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