



Building Permit Application

TOWN OF OLD LYME
52 Lyme Street
Old Lyme, CT 06371

Phone: (860) 434-¹⁶⁰⁵~~4463~~ (x230)
Fax: (860) 434-4135

Property Address: _____ Map: _____ Lot: _____

Owner of Record: _____ Phone: _____

Mailing Address: _____

Type of Improvement:

- 1. new building
- 2. pool
- 3. addition
- 4. alteration
- 5. repair/replace

Proposed Use:

- 1. single family residence
- 2. other, describe _____

Demolition

Selected Characteristics of New Building and/or Addition

dimensions of new structure: _____ wide _____ long _____ high

stories: _____ total square feet floor area (all floors): _____

Principal type of frame:

- masonry
- wood frame
- structural steel
- reinforced concrete
- other

_____ bedrooms _____ jacuzzi/hot tub
 _____ full baths _____ pool: inground/above ground
 _____ partial baths _____ offices (commercial)

_____ attached garage _____ outdoor parking spaces (commercial)
 _____ detached garage _____ open deck _____ enclosed porch

Alterations and Repairs to Existing Structure

Describe: _____

Contractor

Name: _____ Address: _____

Telephone: _____ License: _____

Total Cost of Improvement: \$ _____

PERMIT VALID SIX (6) MONTHS

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS AUTHORIZED AGENT AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION.

signature of applicant

mailing address

application date

FOUNDATION

STRUCTURE

Permit Fee \$ _____

C/O Fee \$ _____

Educa Fee \$ _____

Total Fees \$ _____

FEEES NOT REFUNDABLE

Plans have been reviewed and found to generally be in compliance with Connecticut Codes which are made a part of this permit and shall take precedence over the drawings.

Permit Number _____
Date _____

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Building Official

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