



Town of Hebron

15 Gilead Street, Hebron, CT 06248
Tel (860) 228-5971 FAX (860) 228-5980
www.Hebronct.com

RESIDENTIAL BUILDING/ZONING APPLICATION FORM

PROJECT LOCATION INFORMATION	
Street No. & Street Name:	
Detailed Description of Project:	
Work Includes: <input type="checkbox"/> Electrical WRN# <input type="checkbox"/> Heating <input type="checkbox"/> Plumbing <input type="checkbox"/> Fuel Gas	
Residential electrical work, select one of the two options (Required): <input type="checkbox"/> Electrical work shall follow the requirements of the IRC portion of the State Building Code <input type="checkbox"/> Electrical work shall follow the requirements of the 2014 NFPA 70 National Electrical Code portion of the State Building Code	
2 complete set of detailed construction plans, plot plans, and supporting documentation.	
PROPERTY OWNER'S INFORMATION (As it appears on the land records)	
Name:	
Business Name (if applicable):	
Mailing Address:	
Phone:	Cell:
Email (Required):	
APPLICANT (All correspondence will be sent to the applicant)	
Name:	
Business Name (if applicable):	
License/Registration (Type & No.):	Expiration Date:
Mailing Address:	
Phone:	Cell:
Email (Required):	
AFFIDAVIT	
I am aware that this is only an Application for the work described, and that I am not authorized to proceed with the project until such time as a Permit has been issued by the Building Official.	
I hereby certify that the proposed work shall conform to the Connecticut State Building Code and all other codes as adopted by the State of Connecticut, the Town of Hebron Ordinances, and the Town of Hebron Zoning Regulations. I further attest that I am authorized to make application for a Permit for such work as described above.	
Signature:	Print Name:
Date:	
VALUE OF PROJECT: Value shall include all labor and material costs and shall include electrical, heating, plumbing, and fuel gas work, if applicable.	PERMIT FEES (Office Use Only)
TOTAL VALUE OF PROJECT: \$	Building Fee: \$
An Application for a Permit for any proposed work shall be deemed to have been abandoned 180 days after the date of filing, unless such Application has been pursued in good faith or a Permit has been issued. Application and Permit fees for abandoned projects are nonrefundable per Chapter 200 of the Town of Hebron Ordinances. Demolition and Fire Protection work shall require a separate Application and Permit.	State Ed Fee: \$
	Zoning Compliance Fee: \$
	Certificate Fee: \$
	Application Processing Fee: \$10.00
	TOTAL FEES: \$
Revised: Oct. 1, 2016	Date Paid: <input type="checkbox"/> Cash
	Receipt No.: <input type="checkbox"/> Check #



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SUB-CONTRACTOR INFORMATION (OPTIONAL)

Name:		
Business Name (if applicable):		
License/Registration (Type & No.):		Expiration Date:
Phone:	Cell:	
Name:		
Business Name (if applicable):		
License/Registration (Type & No.):		Expiration Date:
Phone:	Cell:	
Name:		
Business Name (if applicable):		
License/Registration (Type & No.):		Expiration Date:
Phone:	Cell:	
Name:		
Business Name (if applicable):		
License/Registration (Type & No.):		Expiration Date:
Phone:	Cell:	