

**TOWN OF EAST HAMPTON  
BUILDING PERMIT APPLICATION**

Est. Value \$ \_\_\_\_\_

Date: \_\_\_\_\_

The undersigned hereby applies for permission to construct ( ) reconstruct ( ) alter ( ) repair ( ) \_\_\_\_\_  
Applicant's name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Location: Lot# \_\_\_\_\_ House# \_\_\_\_\_ Street \_\_\_\_\_  
Non-conforming lot: Yes ( ) No ( ) Combined with another lot? Yes ( ) No ( )  
Property owner name \_\_\_\_\_ Trustee yes ( ) no ( )  
Mailing address \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
General Contractor \_\_\_\_\_  
Mailing address \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
License # \_\_\_\_\_

**BUILDING REQUIREMENTS**

Dimensions of main building: Front \_\_\_\_\_ ft. Side \_\_\_\_\_ ft. Total sq. ft. \_\_\_\_\_  
Dimensions of accessory building: Front \_\_\_\_\_ ft. Side \_\_\_\_\_ ft. Total sq. ft. \_\_\_\_\_  
Height: Main bldg. \_\_\_\_\_ ft. Accessory bldg. \_\_\_\_\_ ft.  
Number of stories: Main bldg. \_\_\_\_\_ Accessory bldg. \_\_\_\_\_ Total bedrooms \_\_\_\_\_  
Type of construction: Main bldg. \_\_\_\_\_ Accessory \_\_\_\_\_  
Footing material \_\_\_\_\_ Width \_\_\_\_\_ inches Depth \_\_\_\_\_ inches  
Below grade \_\_\_\_\_ inches  
Pounds per square foot floor will carry: (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_ (other) \_\_\_\_\_  
Girder size \_\_\_\_\_ Longest span \_\_\_\_\_  
Floor joists: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ On center \_\_\_\_\_ Ceiling joists \_\_\_\_\_ O/C \_\_\_\_\_  
Size of rafters \_\_\_\_\_ Longest span \_\_\_\_\_ On center \_\_\_\_\_  
Covering of roof \_\_\_\_\_ Outside walls \_\_\_\_\_  
Insulation: Roof/ceiling \_\_\_\_\_ Walls \_\_\_\_\_ Floor \_\_\_\_\_ Basement \_\_\_\_\_  
No. of staircases \_\_\_\_\_ width \_\_\_\_\_ riser \_\_\_\_\_ tread \_\_\_\_\_  
Building heated by \_\_\_\_\_ Number of chimneys \_\_\_\_\_  
Size of flue \_\_\_\_\_ Kind of lining \_\_\_\_\_

Other: (Give narrative description of work on reverse)

I hereby certify the above statement to be true and accurate to the best of my ability.

\_\_\_\_\_  
(Signature of Owner/Date)

\_\_\_\_\_  
(Signature of Applicant/Date)

The granting of a permit for the proposed work shall not be assumed or construed to allow performance contrary to the laws and regulations of the State of Connecticut and the Town of East Hampton. The applicant shall be responsible for compliance to and knowledge of all applicable codes, standards, and requirements. Any false statement will render this application and permits obtained hereby null and void.

Approval date \_\_\_\_\_

\_\_\_\_\_  
Building Official

Approval date \_\_\_\_\_

\_\_\_\_\_  
Director of Health

Collector of Revenue \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Fee: \$ \_\_\_\_\_ Building Permit  
\$ \_\_\_\_\_ Zoning Permit  
\$ \_\_\_\_\_ Engineered Septic Review / B100a Review  
Total \$ \_\_\_\_\_ Pym Rec'd: Cash ( ) Check No. \_\_\_\_\_ Permit # \_\_\_\_\_