

**TOWN OF DARIEN**  
**APPLICATION FOR BUILDING CONSTRUCTION PERMIT**

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The owner or authorized agent hereby applies for a permit for construction in accordance with the current laws and ordinances of the State of Connecticut and the Town of Darien and as set forth in the accompanying drawings and specifications insofar as the same shall comply with the aforesaid State and Town laws and also for a CERTIFICATE OF OCCUPANCY or CERTIFICATE OF COMPLIANCE for the use as herein stated.

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Address of work \_\_\_\_\_

Property Owner \_\_\_\_\_ Address \_\_\_\_\_

Architect \_\_\_\_\_ CT REG. NO. \_\_\_\_\_

Contractor \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Home Improvement Contractor's CT Reg. No. \_\_\_\_\_  
Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Connected to Sewer \_\_\_\_\_ or Septic \_\_\_\_\_ Water Source \_\_\_\_\_

Type of work: \_\_\_ New Dwelling \_\_\_ Addition \_\_\_ Alteration \_\_\_ Deck \_\_\_ Shed \_\_\_ Garage  
\_\_\_ Swimming Pool \_\_\_ Repair fire/storm \_\_\_ Sign \_\_\_ Tent \_\_\_ Demolition \_\_\_ Re-Roof

Description of work:

\_\_\_\_\_

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Estimated cost of work: \_\_\_\_\_

I, THE UNDERSIGNED, hereby affirm and attest that I am familiar with the requirements and provisions of the Connecticut Basic Building Code and the Ordinances of the Town of Darien as they apply to the work described above, and I agree to satisfy those requirements in every portion of that work and to give the applicable local and state requirements precedence over other written specifications, drawings and instructions.

I hereby certify that I am the Owner or Authorized Agent of the Owner of the Property herein described, and that I have the necessary legal right and authority to proceed with the work herein outlined and that the information I have given is true and correct to the best of my knowledge.

Applicant's Name (print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address: \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_