

TOWN OF SPRAGUE BUILDING PERMIT APPLICATION

Building Permit No: _____

Date of Application: _____

Town of Sprague, CT. Building Dept., P.O. Box 162, Baltic, CT. 06330 860-822-3000 ext. 204

Job Location: _____

Description of Work to Be Performed: _____

(Modifications/changes to approved plans must be submitted to ALL departments **PRIOR TO CONSTRUCTION.**)

Property Owner's Name: _____

Property Owner's Address/Phone: _____

Contractor's Name: _____

Home Improvement Reg. # / New Home Contractor # : _____

Contractor's Mailing Address: _____

Contractor's Phone/Cell/Email: _____

CERTIFICATION: I hereby certify that: _____ I am the owner of record of the named property or _____ that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, and we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Printed name of Applicant: _____

Applicant Address: _____

Applicant Phone/Cell/Email: _____

Applicant Signature: _____ Date : _____

Trade Permit Included

Elec _____ Plmg _____ HVAC _____ SPR _____

Estimated Value of Work: \$ _____
Permit Fee: \$ _____
State Education Fee: \$ _____
Total: \$ _____

Approved by: _____ Date: _____