



City of Danbury
155 Deer Hill Ave
Danbury, CT 06810

For Questions Please Contact the Permit Office at (203) 796-1653

Application # _____

This Section to be filled out by City Personnel Only!

Code Enforcement Actions Pending? YES NO Describe: _____

Taxes, Water or Sewer Overdue? YES NO Describe: _____

FINISHED BASEMENT APPLICATION

Certain permits will require different types of map and drawings to accompany their submission. The following is a list of Plan requirements.

Type of Project	Engineering	Septic/Well	Zoning	Building
Interior Alterations	None		Plot Plan/As built Floor Plan	2 copies of Building Plans

- Table to be used as a guide only. Departments may require further information based on Applications needs.

Application Date: _____ Assessor's lot #: _____ Zone Code: _____ Total Sq. Footage: _____

Property Address: _____

Total Estimated Construction Value: _____

Work Description:

PROJECT ROSTER:

Please list the following information for all Professionals and Contractors:

NAME, LICENSE NO., COMPANY, TELEPHONE, FAX, E-MAIL. **Licenses are required to be presented at Counter.*

Owner's Agent (letter required from home owner permitting agent to represent them)

General Contractor / Construction Manager: Name: _____

Address: _____

Signature: _____ Phone #: _____ Fax #: _____

Property Owner: _____

Signature: _____ Phone #: _____ Fax #: _____

Electrical Contractor: _____ License #: _____

Signature: _____ Phone #: _____ Fax #: _____

Plumbing Contractor: _____ License #: _____

Signature: _____ Phone #: _____ Fax #: _____

Mechanical/HVAC Contractor: _____ License #: _____

Signature: _____ Phone #: _____ Fax #: _____

STRUCTURE INFORMATION:

Construction Type: _____ Occupancy Type (Use Group): _____

BUILDING ADDITION OR INTERIOR ALTERATION:

City Water (Y/N) _____ City Sewer (Y/N) _____

Existing structure served by: (Well) (Septic System) (Sewer) (Community Well)

Total number of existing Bedrooms: _____

Total Number of Existing Rooms Excluding Bedrooms: _____

Number of New Rooms Proposed: _____ Number of New Bedrooms Proposed: _____

WATER INFO:

*****List total number of fixtures proposed & existing:*****

Fixtures	Fixture Value		Total # of Fixtures		Total Fixture Value
Bathtubs	8	X		=	
Kitchen Sink – 3/8" connect	3	X		=	
Bathroom sink-3/8" connect	2	X		=	
Shower Stalls	4	X		=	
Toilet – tank type (residential)	3	X		=	
Dishwasher – 1/2" connect	5	X		=	
Dishwasher – 3/4" connect	10	X		=	
Washing machine – 1/2" connect	5	X		=	
Hose Connection (wash down) – 1/2" connection	6	X		=	
Hose connection (wash down) – 3/4" connection	10	X		=	
List other uses:		X		=	
		X		=	

Fixture Value Total: _____

BUILDING INFO:

Please see Sheet C for Conditions for Permit and Inspection Order

Interior Wall Finish: _____ Interior Wall Thickness: _____

Insulation Type: _____ Insulation R Value Walls: _____

Insulation R Value Floor: _____ Insulation R Value Ceiling: _____

Finished Basement Height: _____ Lowest Projection (Beams, Ducts, Pipes) _____

Type of Ceiling: _____ Floors: _____ Type of Heat _____

Floor Joist Size _____ Lalley Columns: _____ Plate Size: _____

Building Inspectors Signature: _____ **Date:** _____