

**RE-ROOF, RE-SIDING, REPLACEMENT OF WINDOWS & DOORS - PERMIT APPLICATION**

Permit No.:	Receipt No.:	Date Issued:
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**COMPLETE OWNER INFORMATION BELOW**

<b>Property Location Street Address For This Permit:</b>			
Owner's Name of Property as it Appears in Land Records:	Are you the owner and also the applicant?	YES	NO
Owner's Email Address:	Owner's Phone Number:		
Owner's Street Address:			
Town/City:	State:	Zip Code:	
Home Phone Number:	Work Phone Number:	Fax Number:	

**COMPLETE APPLICANT INFORMATION BELOW**

Name of Applicant	Applicant's Email Address:		
Address:	Town/City:	State:	Zip Code:
Home Phone Number:	Work Phone Number:	Fax Number:	

**COMPLETE CONTRACTOR INFORMATION BELOW**

Contractor Name & Business Name:	Contractor's Email Address:		
Address:	Contact Phone Number:		
Town/City:	State:	Zip Code:	
Home Improvement Contractor License Number:	Expiration Date:		

<b>ESTIMATED COST OF CONSTRUCTION: \$</b>	Has Work Been Done Without a Permit?	YES NO
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**RE-ROOF** - DESCRIPTION OF WORK:**RE-SIDING** - DESCRIPTION OF SIDING WORK:

\*\*\*Relocation of electrical service and/or re-setting electrical receptacles? YES or NO / If yes, an electrical permit is required.

**WINDOWS** -

How many window(s) in total? \_\_\_\_\_ / How many window(s) are located in bedrooms? \_\_\_\_\_

**DOORS** - How many door(s) in total? \_\_\_\_\_ / Description of door(s) & location:

Signature of Applicant:	Date:
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**Letter of Authorization – Contractor to Sign:** *Contractor giving authorization to the Homeowner/Property Owner permission to pull a permit using his/her State of Connecticut, Home Improvement Contractor's License.*

Newtown Building Department  
3 Primrose Street  
Newtown, CT 06470

To the Town of Newtown Chief Building Official:

I \_\_\_\_\_, give \_\_\_\_\_ permission to obtain  
a/an \_\_\_\_\_ permit using my Contractor's License for work to be done  
at property location: \_\_\_\_\_.

Sincerely,

Date:

\_\_\_\_\_

\_\_\_\_\_

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**Letter of Authorization – Homeowner/Property Owner to Sign:** *Homeowner/Property Owner giving authorization to the Contractor permission to pull a permit at the Homeowner's/Property Owner's address of where the permit scope of work will be performed.*

Newtown Building Department  
3 Primrose Street  
Newtown, CT 06470

To the Town of Newtown Chief Building Official:

I \_\_\_\_\_, give \_\_\_\_\_ permission  
to obtain a building permit for a/an \_\_\_\_\_ permit at my property  
location of: \_\_\_\_\_.

Sincerely,

Date:

\_\_\_\_\_

\_\_\_\_\_

3 Primrose Street  
Newtown, Connecticut 06470

Tel. (203) 270-4370  
Fax. (230) 270-1528



**TOWN OF NEWTOWN**  
**Office of the Fire Marshal**

**To:** All Building Contractors  
**From:** Richard Frampton  
**Subject:** Outside Burning at Construction Sites

Section 22a-174 of the Connecticut General Statutes is the enabling legislation which governs the administrative regulations for the control of open burning. These regulations empower the local open burning official to only issue permits to any resident of the Town to dispose of brush on property where he resides. This means that if there is no residential structure occupied on the property, a permit cannot be issued. Owners or contractors wishing to burn brush on vacant land or construction sites cannot be issued permits. In such circumstances, the brush should be piled to one side of the property and burned when there is an occupied residential structure on the site. Burning permits for brush only are issued by the Fire Marshal's Office from November 1 through April 1. Owners or contractors should contact the Fire Marshal's Office for conditions of burning as set forth in the regulations.

**No burning of construction materials at construction sites in the Town of Newtown is permitted.** Debris should be piled into a dumpster and disposed of properly.

Should the fire department be called to a construction site for a fire it will be extinguished, and the contractor may be arrested for burning without a permit. The contractor will also be billed a set amount by the fire department for the responses and extinguishment.

Your signature on this letter acknowledges your receipt of the above information.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Tel. Phone Number

\_\_\_\_\_  
Job Location