



**TOWN OF PROSPECT – BUILDING DEPARTMENT
SIDING or REPLACEMENT WINDOWS AND DOORS
PERMIT APPLICATION**

Date _____

Property Location _____ Lot #: _____

Building Type (Please Check): Residential Commercial Other: _____

OWNER INFORMATION

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Home #: _____
Cell #: _____

CONTRACTOR INFORMATION

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Company: _____
Address: _____
City: _____
State: _____ Zip Code: _____
License Type & #: _____
Work #: _____
Cell #: _____
CRS #: _____

DESCRIPTION OF WORK:

BUILDING TYPE:

Wood Frame Steel Frame Masonry: _____ Other: _____

SIDING: New Renovation

Brand or Manufacturer: _____ Type/Style: _____
Gauge or Thickness: _____ Underlayment/Sheathing: _____
Paper (Type): _____ Length of Nails (in): _____ Staples: _____

REPLACEMENT WINDOWS: Yes No

Brand or Manufacturer: _____ Type of Windows: _____
Do the windows meet the current energy code: Yes No
Approximate year home was built: _____ Does it meet current egress requirements?: Yes No

I hereby certify that:

- I am the owner on record of the named property
- I have been authorized by the owner on record to make application for this project
- The project will conform to all applicable laws, regulations, and ordinances of the State of Connecticut as the Town of Prospect
- All information stated within this application is true and correct to the best of my knowledge and belief

Signature: _____ Date: _____
Owner/Applicant

Estimated Value of Project: \$ _____

PERMIT FEE: _____ STATE FEE: _____

TAXES UP TO DATE:

PERMIT NUMBER: _____

DATE ISSUED: _____