

LAND USE DEPARTMENT
TOWN OF NEW FAIRFIELD 4 BRUSH HILL ROAD, NEW FAIRFIELD, CT 06812



CONSTRUCTION PROJECT SUMMARY

SITE ADDRESS: _____

MAP: _____ BLOCK: _____ LOT: _____ ZONE: _____

LOT SIZE: _____ FRONTAGE: _____

OWNER(S) NAME: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____

OWNER(S) HOME PHONE NO. _____ WORK PHONE NO. _____

AGENT/CONTRACTOR NAME: _____ PHONE NO. _____

AGENT/CONTRACTOR ADDRESS: _____

CONTRACTOR REGISTRATION NO. _____ COPY
ATTACHED

PLANS & SPECIFICATIONS BY: _____

ADDRESS: _____ PHONE NO. _____

IF ARCHITECT OR PROFESSIONAL ENGINEER - LICENSE NO. _____

CONTACT PERSON FOR FURTHER INFO: _____ PHONE NO. _____

Property Use: Single Family Year Round Seasonal
 Multi Units # _____ Industrial Commercial Other: _____

DETAILED DESCRIPTION OF CONSTRUCTION PROJECT INCLUDING DIMENSIONS: _____

New Construction Addition/Alteration Exterior only Interior Only Interior & Exterior
 Swimming Pool Pool & Decking Deck Shed Other: _____

Project Number _____

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PLEASE COMPLETE WHERE APPLICABLE:

Rooms: First floor: Existing: _____ Proposed: _____ # of Bedrooms: (E)_____ (P)_____ # Baths _____
 Second floor: Existing: _____ Proposed: _____ # of Bedrooms: (E)_____ (P)_____ # Baths _____
 Attic: Existing: _____ Proposed: _____ # of Bedrooms: (E)_____ (P)_____ # Baths _____
 Finished Unfinished
 Basement: Existing: _____ Proposed: _____ # of Bedrooms: (E)_____ (P)_____ # Baths _____
 Finished Unfinished
 Total Rooms: Existing: _____ Proposed: _____ # of Bedrooms: (E)_____ (P)_____ # Baths _____

Existing Square Footage: _____ Proposed Additional Square Footage: _____

Total Square Footage: _____ Estimated Cost: \$ _____

Proposed Building Size: length: _____ (x) width: _____ (x) height: _____ # of stories: _____

Construction (type): Exterior wall: _____ Foundation: _____

Siding: _____ Roof Covering: _____ Insulation: _____

Proposed garage: Attached Detached Dimensions: _____ x _____ x _____ (h) # of Cars: _____

Proposed Shed/Accessory Building: Dimensions: _____ x _____ x _____ (h) Sq. ft: _____

Proposed Deck: Dimensions: _____ x _____ x _____ Sq. ft: _____

Replacement New Deck Replacement & Enlargement Other: _____

Proposed Pool: Inground Above ground Dimensions: _____ x _____ x _____ (D)

By my signature below, I accept responsibility for supervision, compliance with drawings and site plans as presented, and specifications of this application and all applicable laws, ordinances and regulations of the State of Connecticut and Town of New Fairfield, CT.

Signature of Owner or Authorized Agent

Printed name

Date

*******(For Office Use Only)*******

Assessor's Field Card _____ Proof Taxes are Paid _____

Soil Erosion Permit Fee _____ Amount _____ Check # _____

Health Review Fee _____ Amount _____ Check # _____

<u>Access Bond Fee</u>	<u>Amount</u>	<u>Check #</u>
<u>Zoning Permit Fee</u>	<u>Amount</u>	<u>Check #</u>
<u>Building Permit Fee</u>	<u>Amount</u>	<u>Check #</u>

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