CITY OF STAMFORD
BUILDING INSPECTION BUREAU

888 Washington Blvd.
Stamford, CT. 06901, 7th Floor
P: 203-977-5700
F: 203-977-4163

AFFIDAVIT

STATE OF CONNECTICUT)
) : Stamford this day of 20
COUNTY OF FAIRLIELD)

I, the undersigned, being duly sworn, hereby make this affidavit and say:

1. I am the agent of the Owner - Lease of the building or structure - Licensed Engineer - Architect - Employed in connection with the proposed work - all set forth in the Application for Building permit.

2. The proposed work is authorized by the owner in fee and the undersigned is authorized by the owner in fee to make the Application for Building Permit.

Personally Appeared: _____

who made oath to the truth of foregoing before me.

_____
Notary Public

My Commission expires: _____

(for Office Use Only)

Date _____

_____
Reviewed By

Print Form

Reset Form

Permit:	$	CO/COA FEE	
State Tax:	$	Investigation Fee	
Total:	$	◯ Check ◯ Cash	

BUILDING PERMITS

- 101. One - Family House, detached ☐
- 102. One - Family House, attached Bldg. Strings:_____ Units:_____ ☐
- 103. Two - Family House ☐
- 104. Three - Family House ☐
- 105. Multi - Family (five or more) No. of Bldgs.:_____ Units:_____ ☐
- 433. Added Units to Dwellings Existing:_____ Added:_____ ☐
- 434. Additions to Dwellings ☐
- 436. Garages (Residential) ☐
- 429. Pools ☐
- 328. Accessory Bldgs. ☐
  - Foundation ☐
  - Excavation ☐
  - Fence ☐
- 324. Business Bldg. Type:_____ ☐
- 318. Theatres ☐
- 320. Schools ☐
- 319. Church ☐
  - Elevator ☐
- 437. Add. To Com'l Bldg. ☐
- Alter. to Com'l Bldg. ☐
  - Other:_____ ☐
- Bedroom(s) Added:_____ ☐
- Bathroom(s) Added:_____ ☐

BP-20___ - _____

(For Office Use Only)

FEE: $ _____ DATE: _____

COST: $ _____

BUILDING PERMITS

For _____

Type of Const. _____ Use Group _____

Spec. Stipulation & Cond. _____

Location: _____

Name _____

Address _____

City _____ St. ____ Zip _____

Applicant _____

Expeditor _____

Address _____

City _____ St. ____ Zip _____

Architect _____

Contractor _____

Total Sq. Footage _____

Foundation Permit : _____

Code Official _____