Attention General Contractor

Date: _

The State of CT requires the following information to be filed with a Building Permit before work is done. If a sub contractor is removed or added, the Building Dept needs to have this information on file.

Ι	/	
Signature	Printed Name	
	t and/or Owner, attest to the following: The information	
contained herein is true and accurate an	d all license information provided is current and valid in	
the State of Connecticut.		
BUEACE DENT OF EARLY Building Per	mit No# (after issued)	
-		
Job Address:		
Owner's Name:		
Description of project		
General Contractor Name:		
LICENSE NUMBER		
Electrician: Name:		
LICENSE NUMBER & TYPE		
Phone: Address:		
	U.G O.H SERVICE Upgrade	
Service CRS#	Job Associated work	
Plumber: Name:		
LICENSE NUMBER & TYPE	Job Associated work	
<u>HVAC</u> : Name:		
LICENSE NUMBER & TYPE	Job Associated work	
Phone: Address:		
Com		
Gas: Name:	lob Accociated work	
Phone: Address:	Job Associated work	
Thone Address		
Low Voltage Alarm or Communicati	ions: Name:	
Phone: Address:		
Fire Protection: Name:		
	Job Associated work	
Phone: Address:		

Saved:Attention GeneralContractor/form 1-09



Town of Ridgefield Building Department 66 Prospect St. Town Hall Annex -Ridgefield, CT 06877 Ph: (203)431-2743 Fax (203)431-2737

DATE: February 1, 2007

TO: Attn: Contractors and Sub ContractorsFROM: Deb Lefebvre, Building Department Office AdministratorSUBJECT: New Building Department Form Effective February 1, 2007

Effective today February 1, 2007, the Town of Ridgefield Building Department has established a new form to accompany all Building Permit Applications. This form will be used to replace sub permits.

Sub Contractor information associated with a Building Permit will be supplied by the General Contractor. Therefore, it will not be necessary for the sub contractor to visit the Building Department.

• This does not apply for separate sub contractor work, not associated with a building permit that does require a permit and a fee.

If you have questions regarding the form, please call the Building Department.

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contractor is removed or added, the Building Dept needs to have this information on file.		
T	/	
Signature	/ Printed Name	
	or Owner, attest to the following: The information	
contained herein is true and accurate and all 1	icense information provided is current and valid in	
the State of Connecticut.		
PLEASE PRINT CLEARLY Building Permit N	No# (after issued)	
Job Address:		
Owner's Name:		
Description of project		
1 1 5		
General Contractor Name:		
LICENSE NUMBER	_ Phone	
LICENSE NUMBER & TYPE		
Phone: Address:		
New Service Amt of Amp	U.G O.H SERVICE Upgrade	
Service CRS# Job A	Associated work	
Nomo		
LICENSE NUMBER & TYPE	lob Associated work	
Phone: Address:		
Thene Thene		
: Name:		
LICENSE NUMBER & TYPE	Job Associated work	
Phone: Address:		
: Name:		
LICENSE NUMBER & TYPE		
: Name: LICENSE NUMBER & TYPE		
Phone: Address:		
LICENSE NUMBER & TYPE		
Phone: Address:		