

City of Norwalk, Connecticut

ROOFING/WINDOWS/SIDING PERMIT APPLICATION

Permits must be obtained before doing work

For Office Use Only

Inspector Initial: _____

Date: _____

Application # _____

District: _____ Block: _____ Lot: _____

Use Group: _____ Construction Type: _____

Property Location:

Zip Code:

Property Owner (As appears in the Land Records):

Address:

City:

State:

Zip Code:

Contractor:

Owner/Agent:

Address:

City:

State:

Zip Code:

License Number:

Expiration Date:

Phone: ()

Job Description:

Documents Submitted/ Attached: Tax Form Zoning Conservation Redevelopment

Signature of Contractor:

Signature of Owner/Agent:

Estimated Cost: \$ _____

Fee: \$ _____

CO Fee: \$ _____

State: \$ _____

Total: \$ _____

Payment Type: Credit Card/Check Number _____

Signature of Building Official:

Date:

When finished entering, download and email this document to pkelly@norwalkct.gov