PERMIT APPLICATION

WILLIAM LUSSIER **CITY OF MERIDEN** **CITY HALL, RM. 137**
BUILDING OFFICIAL **DEPT. OF BUILDINGS** **(203) 630-4091**

Electric _____ Plumbing_____ Mechanical_____

Date:_____

Job Site/Address:_____

Owner:_____Phone #:_____
Address:_____

(To be completed if Contractor signing application)

Contractor:_____Phone #:_____
Address:_____
Contractor's License Number:_____

Description of Work Being Done:_____

_____

_____

Estimated Cost:_____ Permit Fee:_____

I hereby agree to conform to all of the requirements of the applicable State of Connecticut laws and regulations, as well as the Code of the City of Meriden, and to notify the Building Official of any alteration in the plans or specifications of the building for which the permit is sought. I further agree to keep any and all easement/rights-of-way free of obstructions which would prohibit the City from using those areas as intended. I also agree that this building is to be located the proper distance from all street lines and required distances from all other lines and in the proper zone.

_____ _____
For Building Dept. **Date** **Applicant's Signature** **Date**

OVER→

Statement of Exemption - Workers Compensation Insurance

Public Act. 96-216 requires that any person engaged in construction, remodeling, refinishing, refurbishing, rehabilitation, alteration or repair work within the state be covered by Workers Compensation Insurance, and to produce proof of such coverage to the local Building Official prior to the issuance of a building permit, unless they are specifically exempted under the law. This statement must be completed by any individual who does not have such insurance and claims exemption under the law.

_____

Property address:

I, the undersigned, am the;

( ) Owner in Fee of the referenced property, or

( ) Building Permit applicant, and owner of a contracting business known as:

_____

located at: _____

and I claim exemption from Workers Compensation Insurance requirements as follows:

( ) I am the owner and will be performing all the construction work personally at the above cited property, with the assistance only from members of my immediate family, or;

( ) I am the sole proprietor of the above business, and have no employees as defined under Section 31-275(9)(A) of the Workers Compensation Act as amended.

( ) I understand and agree that I will require proof of Workers Compensation for all those employed on the job site in accordance with the provisions of the Workers Compensation Act.

I understand and agree that failure to comply with the insurance requirements of state law will subject me to civil penalties thereunder. I further understand that falsification, in any way, of the facts or conditions I have represented herein constitutes a false statement for which penalties under the law apply.

_____

Legal Signature: Date:

_____

Print Name: