

TOWN OF NEW MILFORD  
BUILDING DEPARTMENT  
10 MAIN ST., NEW MILFORD, CT 06776

# SHED PERMIT APPLICATION

PLEASE CHECK ONE: OWNER  OWNERS AGENT  CONTRACTOR

**\*\* PLEASE NOTE: IF THIS APPLICATION IS MADE BY A PERSON OTHER THAN THE OWNER IN FEE, IT SHALL BE ACCOMPANIED BY AN AFFIDAVIT OF THE OWNER OR A SIGNED STATEMENT OF THE APPLICANT WITNESSED BY THE BUILDING OFFICIAL OR SUCH OFFICIALS DESIGNEE TO THE EFFECT THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER IN FEE AND THAT THE APPLICANT IS AUTHORIZED TO MAKE SUCH APPLICATION. IF THE AUTHORIZED AGENT IS A CONTRACTOR, THE PROVISIONS OF SECTION 20-338B OF THE CONNECTICUT GENERAL STATUTES SHALL BE FOLLOWED. THE FULL NAMES AND ADDRESSES OF THE OWNER, AGENT AND THE RESPONSIBLE OFFICER, IF THE OWNER OR AGENT IS A CORPORATION BODY, SHALL BE STATED IN THE APPLICATION.**

APPLICANT NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS OF WORK TO BE PERFORMED \_\_\_\_\_

APPLICANT / OWNERS SIGNATURE \_\_\_\_\_

CONTRACTORS ADDRESS \_\_\_\_\_ LICENSE# \_\_\_\_\_

WORKER COMPENSATION: YES  NO   
(IF NO PLEASE SIGN WORKERS COMPENSATION WAIVER LOCATED ON BACK OF APPLICATION)

EMAIL ADDRESS: \_\_\_\_\_  
(PERMIT WILL BE EMAILED TO THIS ADDRESS-NO PERMIT WILL BE MAILED)

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SIZE OF SHED: \_\_\_\_\_ X \_\_\_\_\_ PREBUILT: YES  NO  (IF NO PLEASE PROVIDE PLAN)

IS SHED SET ON CRUSHED STONE AND BLOCKS: YES  NO

IS SHED ON A FOUNDATION: YES  NO

\*\*\*\*\*For this permit application you must see\*\*\*\*\*

- HEALTH (2nd floor)
- ZONING (Basement)
- WETLANDS (Basement)
- SEWER (123 West Street)

VALUATION OF WORK: \_\_\_\_\_ PERMIT FEE: \_\_\_\_\_