TOWN OF COLUMBIA
Building & Land Use Department
323 Route 87, Columbia, CT 06237

(860) 228-0440   Fax (860) 228-2847
Email: LandUse@ColumbiaCT.org

PERMIT #

PERMIT TYPE: ☐ ROOFING
                  ☐ SIDING
                  ☐ WINDOWS/DOORS

Construction Value: _____
Permit Fee: _____
State Ed. Fee: _____

TOTAL FEES: _____

___Cash ___Check # _____

OFFICE USE:

Job Address: _____

MAP: _____ **LOT**: _____ **ZONE**: _____

Owner Name: _____

  Phone/Email: _____

  Mailing Address: _____

  City: _____ State: _____ Zip: _____

Contractor/Applicant: _____

  Phone/Email: _____

  Mailing Address: _____

  City: _____ State: _____ Zip: _____

License Type: _____ License #: _____ Exp. Date: _____
(SUBMIT A COPY OF THE CONTRACTOR'S STATE LICENSE AND CERTIFICATE OF INSURANCE WITH THIS APPLICATION)

Roofing: ☐ Roofing overlay   ☐ Strip and Reroof   Number of squares:_____

Siding: ☐ Siding   Type: _____   Number of squares:_____

Windows: ☐ Replacement windows   ☐ Bay window replacement   Number of windows:_____

R310 – Emergency Escape and Rescue Openings: Sleeping rooms within the dwelling shall have at least one operable emergency escape and rescue opening. Shall be operational from the inside of the room without the use of a key or tool and the net clear opening dimensions shall be minimum 20" wide, minimum 24" high, minimum 5.7 square feet of net clear opening. Replacement windows shall be permitted to utilize removable sash to achieve the required minimum net clear opening. Removable sash shall be capable of being removed without the use of a key or tool.

R612 – Exterior Windows & Doors: Window openings located more than 72 inches above the finished grade or surface below and the lowest part of the clear opening is < 24 inches above the finished floor. Operable sections of windows shall not allow passage of a 4-inch diameter sphere. Operation of emergency escape openings shall have the release mechanism clearly identified, shall require no more than 15# of force to open, and shall be operable in all types of weather.

* * * * * *   AFFIDAVIT AND AGREEMENT   * * * * * *

I hereby certify that I am the ☐ **owner**, or the ☐ **authorized agent** for the owner of the above described property and that all work covered by this application and the submission of this permit application has been authorized by the owner. I further certify that the completed work, regardless of what may be shown or omitted on the submitted plans, will conform to the State Building code and all other codes as adopted by the State of Connecticut and Town of Columbia, that permission is granted to the Building Official to enter the property to do required inspections. **A final inspection and a zoning certificate of use or occupancy/compliance is required**.

Applicant Signature: _____ Date: _____
           NO WORK SHALL START until the applicant has received the approved permit.

Building Official Approval: _____ Date: _____

REV 4-2020