

City of Torrington  
140 Main Street  
Torrington, Ct 06790

Permit: 97.00  
State: 1.12  
Fee: 10.00  
Validation: 108.12

# BUILDING PERMIT

DATE: September 11, 2006 PERMIT NO.: B06-1497

APPLICANT: James & Donna Holcomb ADDRESS: 25 Cedar St. Ansonia Ct 06401 (CONTR'S LICENSE)

PERMIT TO: sheet rock & repair also roof, siding (PROPOSED USE) NUMBER OF DWELLING UNITS: \_\_\_\_\_

AT (LOCATION): 181 County Road (STREET) ZONING DISTRICT: \_\_\_\_\_  
BETWEEN: \_\_\_\_\_ AND: \_\_\_\_\_ (CROSS STREET)

SUBDIVISION: map 142 LOT: 009 BLOCK: 002 LOT SIZE: \_\_\_\_\_

BUILDING IS TO BE: \_\_\_\_\_ FT. WIDE BY \_\_\_\_\_ FT. LONG BY \_\_\_\_\_ FT. IN HEIGHT AND SHALL CONFORM IN CONSTRUCTION

TO TYPE: \_\_\_\_\_ USE GROUP: \_\_\_\_\_ BASEMENT WALLS OR FOUNDATION: \_\_\_\_\_ (TYPE)

REMARKS: \_\_\_\_\_

AREA OR VOLUME: \_\_\_\_\_ (CUBIC/SQUARE FEET) ESTIMATED COST: \$ 1,400.00 PERMIT FEE: \$ 108.12

OWNER: James & Donna Holcomb BUILDING BY: *[Signature]*  
ADDRESS: 25 Cedar St. Ansonia Ct 06401

(Affidavit on reverse side of application to be completed by authorized agent of owner)

Assessor \_\_\_\_\_

# City of Torrington

## Building Department

140 Main Street Torrington, CT 06790 (860) 489-2244 B.U.D. # \_\_\_\_\_

Permit Number \_\_\_\_\_

806-1497

### Application For Building Permit

Date: 9/5/06

Use group \_\_\_\_\_ Construction classification \_\_\_\_\_

Permit type: Alteration    Addition    Renovation    New Construction

#### Job location

Address 181 County Rd Phone Number 203-231-1114  
Map 142 Block 2 Lot 9

#### Owner's Information

Owner's Name: James & Donna Holcomb Phone Number: 203-231-1114

Mailing Address: 25 Cedar St City: Ansonia State: CT Zip: 06401

#### Contractor Information

Contractor Name: Property Owner Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

#### Architects and Engineer information

Architects Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Engineer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, hereby certify that I am the owner or the owner of record, authorizes the work proposed, and that I have been authorized by the owner to make this application as an authorized agent. We agree to conform to all applicable laws of this jurisdiction and the CT State Building Code.  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_

WHAT ARE YOU BUILDING? Roof Replacement Sheet rock repair in living room  
(brief description) and repair rotted wood around window  
(also ROOF, Siding)

Check all that apply     Proposed Use     Existing Use     New Construction     Addition  
 Commercial     Restaurant     Industrial     Hospital     Residential  
 Temporary Structure     Accessory Structure    Other: \_\_\_\_\_

Flood Plain?     yes     no    If yes attach form    Mixed Use? \_\_\_\_\_

Water/Sewer Information (Check the appropriate)  
Public Water Supply \_\_\_\_\_ Private/Well Water  Public Sewer  Private/Septic \_\_\_\_\_

**General Building Data**

How many stories is the structure ? 1 1/2 Special Inspections? \_\_\_\_\_  
 Automatic sprinklers? \_\_\_\_\_ Fire or smoke alarms? \_\_\_\_\_  
 Are there Stories below grade ? yes \_\_\_ no \_\_\_ How many ? \_\_\_\_\_ Sq.Ft. \_\_\_\_\_  
 Gross Sq. ft per floor is ? \_\_\_\_\_  
 Gross Sq. ft. of entire structure is ? \_\_\_\_\_

The following departments need notification and are required to sign off prior to Building Permit Issuance:

*Do not write below this line - For Office Use Only*

| Required ?   | Department                                 | Signature |
|--|--|-----------|
| <input type="radio"/> Yes <input type="radio"/> No | Zoning/Inland Wetland<br>489-2221/496-5928 | _____     |
| <input type="radio"/> Yes <input type="radio"/> No | City Planner<br>489-2220/496-5928          | _____     |
| <input type="radio"/> Yes <input type="radio"/> No | Engineering<br>489-2232/489-2550           | _____     |
| <input type="radio"/> Yes <input type="radio"/> No | Fire Marshal<br>489-2534/489-2563          | _____     |
| <input type="radio"/> Yes <input type="radio"/> No | Health<br>489-0436/496-8243                | _____     |
| <input type="radio"/> Yes <input type="radio"/> No | Water<br>489-4149/496-7889                 | _____     |

• Estimated Cost of General Construction: \$ 1,400.00

*Please note: The City of Torrington Building Department has separate Mechanical, Electrical and Plumbing Permits. The pricing of these components should not be included in the cost of general construction.*

I, the undersigned, to the best of my knowledge do solemnly swear that the plans submitted and all of the aforementioned information is accurate and true. I understand that it is my responsibility to coordinate all of the necessary inspections for the duration of the project. I will require Workers Compensation for all people associated with this permit. I will call for a Certificate of Occupancy Inspection and will provide in writing all necessary signoffs.

Print Name James Holcomb Signature [Handwritten Signature]

Permit Fee: 97.00  
 State Ed. Fee: 1.12  
 Plan Review Fee: \_\_\_\_\_  
 C.O./Compliance Fee: 10.00  
 Total Fee: \$108.12  
 Issued By: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 pd. ok # 94

APPLICATION FOR ROOF PERMIT

PERMIT # B06-1497

Date Starting: 9/15/06

CITY OF TORRINGTON
140 MAIN STREET
TORRINGTON, CT 06790
PHONE: 860-489-2245

FEE SCHEDULE:
\$0 - \$1,000 = \$25.00
Plus \$12.00 per every additional \$1,000
State of CT Fee = \$ 0.16 per \$1,000

APPLICATION DATE: 9/15/06
ESTIMATED COST: \$ 2,000.00
FEE: CT FEE: C.A. Fee: TL:
WORK WITHOUT PERMIT:

JOB LOCATION: 181 County Rd.
ADDRESS
James Holcomb 181 county Rd. Torrington 203-231-1114
PROPERTY OWNER ADDRESS TOWN TEL. #

Property owner
CONTRACTOR ADDRESS TOWN ZIP

PHONE #: 203-231-1114 FAX #:

ROOFING:
NUMBER OF SQUARES: 1800 STRIPPING ROOF yes 2ND LAYER: yes
HOUSE & GARAGE: HOUSE ONLY: GARAGE ONLY:
MANUFACTURER OF SHINGLES: Certain teed
HAS JOB BEEN STARTED: YES NO If yes, work must be inspected prior to issuing permit
LOCATION(S) OF ICE & WATER SHIELD: Eave and around Chimney

\*\*CONTRACTORS INSURANCE POLICY MUST BE SUBMITTED WITH APPLICATION\*\*
WORKERS COMP. INSURANCE POLICY INCLUDED: YES NO
SOLE PROPRIETORSHIP: YES NO

NOTICE: YOU MUST NOTIFY THIS DEPARTMENT UPON STARTING THIS JOB AND AGAIN AT THE LAST DAY YOU ARE ON THE JOB. YOU MUST GIVE AT LEAST 24 HRS. NOTICE.

SIGNATURE OF APPLICANT STATE REGISTRATION #

James Holcomb PRINT NAME EXPIRATION DATE

PROPERTY OWNER: CONTRACTOR: (PLEASE CHECK ONE)

9/11/06 APPROVAL DATE APPROVAL OF INSPECTOR

Roofing without a Building Permit is a Code Violation

Penalty for violation of State Building code: Any person who violates any provision of the State Building Code shall be fined not less than \$200 nor more than \$1,000 or imprisoned not more than six months, or both.

# City of Torrington

## Building Department

140 Main Street Torrington, CT 06790 (860) 489-2244

PERMIT NUMBER

B06-1497

Date: 9/5/06

### Siding Permit Application

Applicant: James Holcomb  
Company Name: Property Owner  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

License Number: \_\_\_\_\_  
Phone Number: 203-231-1114

Location of Work:  
Address: 191 County Rd  
Torrington CT 06790

Location of Owner:  
Owner's Name: James & Donna Holcomb  
Address: 25 Cedar St  
City/State/Zip: Ansonia Ct 06401

I, hereby certify that the owner of record authorizes the work proposed, and that I have been authorized by the owner to make this application as an authorized agent. We agree to conform to all applicable laws of this jurisdiction and the CT State Building Code.

Print Name James Holcomb Signature [Signature]

Size of Building: Front: 53 Rear: 53 Wide: 26 Stories: 1 1/4  
Any enclosures or additions: \_\_\_\_\_ Size: \_\_\_\_\_  
Building used as:  
 Commercial  
 Industrial  
 Residential — How many families: 1  
Distance from Street Line: 35' From Building Line is: \_\_\_\_\_  
Type of Siding: Vinyl  
Material used beneath siding: foam insulation  
Type of fastener: 2" Nails Ground conductor size: \_\_\_\_\_  
Connected to: \_\_\_\_\_ Permit bond required?  Yes  No

ESTIMATED COST: \$ 3,000.00

Do not write below this line — For Office Use Only

Permit Fee: \$ \_\_\_\_\_  
State Ed Fee: \$ \_\_\_\_\_ Issued by: \_\_\_\_\_  
CO: \$ \_\_\_\_\_ Title: \_\_\_\_\_  
Penalty Fee: \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_



State of Connecticut  
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 10-12-2004

7A

Proof of Workers' Compensation Coverage when Applying  
for a Building Permit for the Sole Proprietor or Property Owner  
who WILL NOT act as General Contractor or Principal Employer

Applicant for Building Permit

Name of Applicant for Building Permit James Holcomb  
Property located at 181 County Rd  
in the City / Town of Torrington

Attest

If you are the owner of the above-named property or the sole proprietor of a business doing work on the site of the construction project at the above-named property and you WILL NOT act as the general contractor or principal employer, you are not required to have workers' compensation insurance coverage.

CHECK ONE (1) BOX ONLY and complete the following:

I am the OWNER of the above-named property. I WILL NOT act as the general contractor or principal employer.

Signature of OWNER Applicant James Holcomb

I am the SOLE PROPRIETOR of a business doing work at the above-named property. I WILL NOT act as the general contractor or principal employer.

Name of Business \_\_\_\_\_

Federal Employer ID# (FEIN) \_\_\_\_\_

Signature of SOLE PROPRIETOR Applicant \_\_\_\_\_

|                          |                         |   |                          |
|--------------------------|-------------------------|---|--------------------------|
| 618-0655                 | PM                      | City of Torrington Building Department<br>Field Inspection Report | Permit No. 806-1497      |
| Date 1/15/09             | Address 181 County Road |   | EOA-1620                 |
| Inspector                | Footings                | Footing Drains  | Fire Resistive           |
| Concrete Slab            | Hearth                  | Hearth  | Electric service outside |
| Rough all Trades         | Insulation              | Insulation  | Smoke shelf              |
| Pool Bonding             | Pool Final              | Pool Final  | Final                    |
| Furnace or Boiler Final  | Oil Tank Final          | Oil Tank Final  | Gas Pressure Test        |
| Trench                   | Other                   | Other   | Re-inspect               |
|                          |                         | Correction List   | Other                    |
|                          |                         | CRS # 100 - 8461  |                          |
| Source Approved          |                         |   |                          |
| . Single family 200 trap |                         |   |                          |
| 1135 - 2100              |                         |   |                          |