



## Property Information

File#: BS-X01798-626576987  
Owner: JAMES HOLCOMB  
Address 1: 181 COUNTY RD  
Address 2:  
City, State Zip: TORRINGTON, CT

## Request Information

Requested Date: 11/22/2024  
Branch:  
Date Completed: 12/03/2024  
# of Jurisdiction(s):  
# of Parcel(s): 1

## Update Information

Update Requested:  
Requested By:  
Update Completed:

## Notes

**CODE VIOLATIONS** Per City of Torrington Department of Zoning there are no Open Code Violation case on this property.  
Collector: City of Torrington  
Payable Address: 140 Main St., Torrington, CT 06790  
Business# 860-489-2245

**PERMITS** Per City of Torrington Department of Building There is an Open Permit on this property.  
Permit #: HIST-07-612  
Permit Type: Historical Electrical Permit  
Collector: City of Torrington  
Payable Address: 140 Main St., Torrington, CT 06790  
Business# 860-489-2245

**SPECIAL ASSESSMENTS** Per City of Torrington Tax Collector there are no Special Assessments/liens on the property.  
Collector: City of Torrington  
Payable Address: 140 Main St., Torrington, CT 06790  
Business# 860-489-2209

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

**DEMOLITION** NO



UTILITIES

WATER

THE HOUSE IS ON A COMMUNITY WATER. ALL HOUSES GO TO A SHARED WELL SYSTEM.

SEWER

Account #: 0006284-15152

Payment Status: Paid

Status: Pvt & Non-Lienable

Amount: \$0.00

Good Thru: 06/31/2025

Account Active: Yes

Collector: Torrington Tax Collector

Payable: 140 Main St #134, Torrington, CT 06790

Business# 860-489-2209

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED

GARBAGE

Garbage bills are included in the real estate property taxes

The Assessor's office is responsible for the maintenance of records on the ownership of properties. Assessments are computed at 70% of the estimated market value of real property at the time of the last revaluation which was 2019.



Information on the Property Records for the Municipality of Torrington was last updated on 11/21/2024.

## Property Summary Information

Parcel Data And Values   Building ▾   Sales   Permits

### Parcel Information

Location:	181 COUNTY RD	Property Use:	Residential	Primary Use:	Residential
Unique ID:	6284	Map Block Lot:	142/002/009	Acres:	6.9400
490 Acres:	0.00	Zone:	R15s	Volume / Page:	0983/0344
Developers Map / Lot:	2506/A	Census:	3106-2N		

### Value Information

	Appraised Value	Assessed Value
Land	41,715	29,200
Buildings	132,833	92,980
Detached Outbuildings	0	0
<b>Total</b>	<b>174,548</b>	<b>122,180</b>

### Owner's Information

Owner's Data
HOLCOMB JAMES & DONNA SURV 181 COUNTY RD TORRINGTON, CT 06790

[Back To Search](#)

[View Field Card](#)

[Print View](#)



# City of Torrington

## ELECTRICAL PERMIT

P

Tracking # E07-1620

PERMIT NO: PMT07-002256

Issue Date: 10/4/2007

<p style="text-align: center;"><b>OWNER INFORMATION</b></p> <p>Name: HOLCOMB JAMES &amp; DONNA- Address: 181 COUNTY RD TORRINGTON, CT 06790</p>	<p style="text-align: center;"><b>ELECTRICIAN INFORMATION</b></p> <p>Name: Angelo Pullo Address: 181 County Road Torrington, Ct 06790</p> <p>Ins. Lia. _____ Expire: _____ Ins W/C _____ Expire: _____  Lic. No.. _____ Type: _____</p>
<b>APPLICANT INFORMATION</b>	
<p>Name Angelo Pullo 181 County Rd Torrington CT 06790</p>	

SITE INFORMATION		
Location: 181 COUNTY RD	Map/Block/Lot 142/002/009	Assessor ID 006284
Floor/Unit/Appt#	CRS #	Building Type: House

JOB DESCRIPTION	
<input type="checkbox"/> New Electrical <input checked="" type="checkbox"/> Electrical Alteration <input type="checkbox"/> Electrical Repair <input type="checkbox"/> Electrical Addition	
Detailed Description: Electrical Alteration Install new 200 amp overhead service & ground complete to code	

ELECTRICAL FIXTURES		
Ceiling Outlets: Switches: Receptacles - 110: Receptacles - 220:  Signs:	Air Heaters: Ranges: Water Heaters: Lighting Circuits: Other Circuits: Circuits - 2 Wire: Circuits - 3 Wire: Circuits - 4 Wire:	Motors: Panel Size: Range Cond.. Sub. Feeder Size:  <b>Total Svc. Size:</b>

THE FOLLOWING CONDITIONS ARE A PART OF THIS PERMIT:  
NONE

THIS PERMIT AND WORK THERE UNDER MUST BE IN ACCORDANCE WITH THE 2005 CT STATE BUILDING CODE, WITH AMENDMENTS, AND CITY REGULATIONS.

\_\_\_\_\_  
Signature of Contractor or Authorized Agent

Estimated Cost:	\$900.00	FEES:	\$45.16	Approved By: <i>John V. Rondano 10.11.07</i> Brett Zuraitis - Building Official
-----------------	----------	-------	---------	------------------------------------------------------------------------------------



City of Torrington

ELECTRICAL PERMIT APPLICATION

Tracking # E07-1620 CRS NO: 100-8461 Application Date: 10/4/07

OWNER INFORMATION: Name: Jim Holcomb, Address: 181 County Rd 06790. ELECTRICIAN INFORMATION: Name: ANGELO PULLO, Address: 15 SHAWNEE Lane, MARSH CT. 06468. Lic. No.: 103911, Type: E-1. APPLICANT INFORMATION: Name: Angelo Pullo, Class 1 Electric Co.

SITE INFORMATION: Location 181 County Rd., Map/Block/Lot, Assessor ID, Floor/Unit/Appt#, Building Type.

JOB DESCRIPTION: [X] New Electrical [X] Electrical Alteration [ ] Electrical Repair [ ] Electrical Addition

Detailed Description: INSTALL new 200 Amp overhead service + ground complete to code.

ELECTRICAL FIXTURES: Ceiling Outlets, Switches, Receptacles - 110, Receptacles - 220, Signs: WA, Air Heaters, Ranges, Water Heaters, Lighting Circuits, Other Circuits, Circuits - 2 Wire, Circuits - 3 Wire, Circuits - 4 Wire, Motors, Panel Size, Range Cond., Sub. Feeder Size, Total Svc. Size: 200 Amp.

I HEREBY CERTIFY THAT I AM THE OWNER OR THE OWNER OF RECORD HAS APPOINTED ME AS THE AUTHORIZED AGENT TO APPLY FOR THIS PERMIT. I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION AND THE CT STATE BUILDING CODE. I will require Workers Compensation for all people associated with this project. I will call for all required inspections and will provide in writing, all necessary signatures.

ANGELO PULLO Print Name, Angelo Pullo Signature of Contractor or Authorized Agent, 10/4/07 Date

Estimated Cost: \$900 FEES: 45.16 Approved By:

Permit Fee: 45. State Fee: 16 pd cash B



State of Connecticut  
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 3-17-2006

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 ANGELO PULLO

Property located at 181 COUNTY RD

in the City / Town of TORRINGTON CT

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 Angelo Pullo

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 CLASS 1 ELECTRIC Co

Federal Employer ID# (FEIN) 048-48-1519

Signature of SOLE PROPRIETOR Applicant Angelo Pullo

618-0655	PM	City of Torrington Building Department Field Inspection Report	Permit No. 806-1497 E09-1620
Date 1/15/09	Address 181 County Road		Fire Resistive
Inspector	Footings	Footing Drains	Electric service outside
Concrete Slab		Hearth	Smoke shelf
Rough all Trades		Insulation	Final
Pool Bonding		Pool Final	Gas Pressure Test
Furnace or Boiler Final		Oil Tank Final	Re-inspect
Trench		Other	Other
Correction List			CRS # 100 - 8461
Source Approved			
Source Single family 200 trap			
1135 - 2100			

181 County Rd. St. Date Oct. 23 1984

Application No. 8761 Estimated Cost - (Structural, Plumbing, Wiring, Painting, etc.) \$ 500.00 Fee \$ 71.00

APPLICATION FOR BUILDING PERMIT

TO SUPT. OF BLDGS., CITY OF TORRINGTON, CONN.

hereby make application for a permit to erect / to alter a building to the following detailed statement and plans submitted herewith:

Side of Street Zone
Owner Norman Lavigne Address 181 County Rd.
Builder or Applicant Same Address Same
Architect Address
Size of Main Building Tree Standing Fireplace Construction
To be used for

No. of tenements No. of stories Distance from street line No. of stories
Distant from lot line North East South West
Distance from nearest building ft. Distance from nearest building on adjoining property ft.



Height of stories—cellar ..... 1st ..... 2nd ..... 3rd ..... 4th ..... 5th .....  
 Material for footings ..... size ..... Foundations ..... size ..... Underpinning ..... size .....  
 Material for sides ..... Material for roof .....  
 Are there elevators? ..... How protected? ..... No. of stairways ..... Piers ..... Columns .....  
 Walls .....  
 size of same — 1st ..... 2nd ..... 3rd ..... 4th ..... 5th .....  
 Maximum capacities of floors (live load): 1st ..... 2nd ..... 3rd ..... 4th ..... 5th .....  
 Kinds of floors—1st ..... 2nd ..... 3rd ..... 4th ..... 5th ..... Species of framing lumber .....  
 Floor joist, size—1st ..... 2nd ..... 3rd ..... 4th ..... 5th .....  
 Dist. apart on centers ..... Size studs carrying partitions ..... Size Roof Rafters ..... Dist. on centers .....  
 Chimneys, size of flues ..... How constructed? ..... How many? .....

I hereby agree to conform to all the requirements of the Laws of the State of Connecticut and the Ordinances of the City of Torrington, and to notify the Supt. of Bldgs. of any alteration in the plans or specifications of the Building for which this permit is asked.

Signed before me at Torrington, ..... Signed ..... Applicant.  
 Conn., this ..... day of ..... 19 ..... Signed ..... Owner.

181 County Rd St. Date Aug 27 19 82  
Application No 7862 Estimated Cost - Fee \$ 77.  
(Structural, Plumbing, Wiring, Painting, etc.) \$ 17000

### APPLICATION FOR BUILDING PERMIT

TO SUPT. OF BLDGS., CITY OF TORRINGTON, CONN.

hereby make application for a permit to erect / to alter a building to the following detailed statement and plans submitted herewith:

Side of Street East Zone R-15  
Owner Raymond Binsden Address 181 County Rd  
Builder or Applicant Samuel Address \_\_\_\_\_  
Architect \_\_\_\_\_ Address \_\_\_\_\_

Size of Main Building 24 X 30 1 1/2 H.P. - 1.B. Construction  
To be used for 1 Family Residence

No. of tenements 1 No. of stores 1 Distance from street line 75 No. of stories 1  
Distant from lot line North 75, East 50, South 213, West 75  
Distance from nearest building 75-ft. Distance from nearest building on adjoining property 75-ft.

Height of stories—cellar 1st 2nd 3rd 4th 5th

Material for footings Conc size 8x20 Foundations Conc size 8 Underpinning size

Material for sides Chapboard Material for roof Asphalt

Are there elevators? — How protected? — No. of stairways — Piers — Columns 2

Walls size of same — 1st 2x4 2nd 3rd 4th 5th

Maximum capacities of floors (live load): 1st 40 2nd 3rd 4th 5th

Kinds of floors—1st Wood 2nd 3rd 4th 5th Species of framing lumber

Floor joist, size—1st 2x8 2nd 3rd 4th 5th

Dist. apart on centers 1/4 Size studs carrying partitions 2x4 Size Roof Rafters 2x6 Dist. on centers 6

Chimneys, size of flues 8x12 How constructed? 2x12 How many? 1

I hereby agree to conform to all the requirements of the Laws of the State of Connecticut and the Ordinances of the City of Torrington, and to notify the Supt. of Bldgs. of any alteration in the plans or specifications of the Building for which this permit is asked.

Signed before me at Torrington, Signed Applicant

Conn., this 22 day of Aug 19 83 Signed by Raymond B. Miller Owner

Robert B. Miller

City of Torrington  
140 Main Street  
Torrington, Ct 06790

Permit: 97.00  
State: 1.12  
City: 10.00  
108.12

# BUILDING PERMIT

September 11, 2006 B06-1497

APPLICANT James & Donna Holcomb DATE September 11, 2006 PERMIT NO. B06-1497  
ADDRESS 25 Ceder St. (STREET) 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 \_\_\_\_\_ (CROSS STREET) 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 Ceder St., Ansonia Ct 06401

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

Assessor \_\_\_\_\_

# City of Torrington

Permit Number

## Building Department

806-1497

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

### 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 489-2221/496-5928	_____
<input type="radio"/> Yes <input type="radio"/> No	City Planner 489-2220/496-5928	_____
<input type="radio"/> Yes <input type="radio"/> No	Engineering 489-2232/489-2550	_____
<input type="radio"/> Yes <input type="radio"/> No	Fire Marshal 489-2534/489-2563	_____
<input type="radio"/> Yes <input type="radio"/> No	Health 489-0436/496-8243	_____
<input type="radio"/> Yes <input type="radio"/> No	Water 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 Issued By: \_\_\_\_\_  
 State Ed. Fee: 1.12 Date: \_\_\_\_\_  
 Plan Review Fee: \_\_\_\_\_  
 C.O./Compliance Fee: 10.00  
 Total Fee: \$108.12 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		Permit No. 806-1497	
Date 1/15/09		Address 181 County Road		Field Inspection Report		E09-1620	
Inspector	Footings	Footings Drains	Hearth	Fire Resistive	Electric service	Smoke shelf	outside
Concrete Slab							
Rough all Trades		Insulation		Final			
Pool Bonding		Pool Final		Gas Pressure Test			
Furnace or Boiler Final		Oil Tank Final		Re-inspect			
Trench		Other		Other			
Correction List CBS# 100 - 8461							
Source Approved							
. Single family 200 trap							
1135 - 2100							

City of Torrington Building Department Field Inspection Report		Permit No.
Date	Address	<i>NONE</i>
Inspector	Footings	Fire Resistive
Concrete Slab	Hearth	Electric service
Rough all Trades	Insulation	Smoke shelf
Pool Bonding	Pool Final	Final
Furnace or Boiler Final	Oil Tank Final	Gas Pressure Test
Trench	Other	Re-inspect
Correction List		Other
<i>Advised owner a permit is required for Roof. Currently an emergency repair</i>		
<i>Jim Helcomb. Owner 203-231-1114</i>		

Historical Electrical Permit

# HIST-07-612

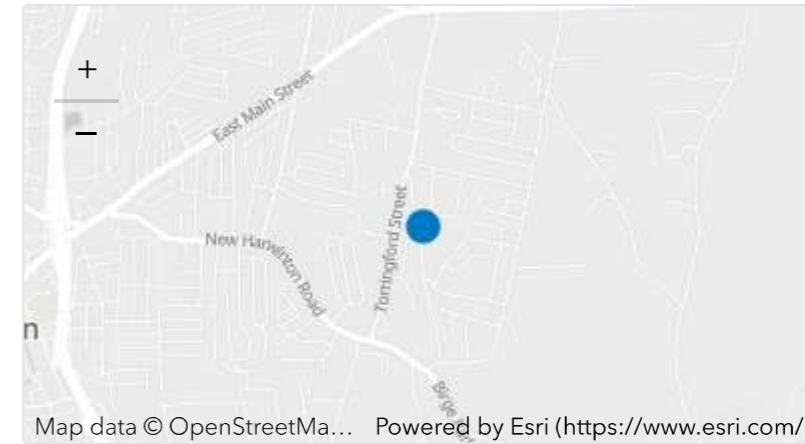
**Applicant**

**Location**

**181 County Rd**

Torrington, Connecticut 06790

[View location details \(/locations/33468\)](/locations/33468)



**Created**

Oct 3, 2007

**Status**

Active

**Expires**

--

**Details**   **Files (12)**

**Original Permit Information**

**Original Permit Number \***

--

**Original Permit Application Date \***

--

**Original Permit Issue Date \***

--

**Documents**

No documents have been issued...

**Applicant Information**

**Name**

--

**Street Address**

--

**City**

--

**State**

--

**Zip Code**

--

**Phone Number**

--

**Email**

--

---

**Property Owner Information**

<b>Name</b>	<b>Street Address</b>
--	--
<b>City</b>	<b>State</b>
--	--
<b>Zip Code</b>	<b>Phone Number</b>
--	--
<b>Email</b>	<b>Tenant Name (if applicable)</b>
--	--

---

**Project Information**

<b>Occupancy Classification</b>	<b>Is the property owner doing the work?</b>
--	--
<b>Type of Work</b>	
--	
<b>Detailed Description of Work</b>	
--	
<b>Estimated Cost</b> <input type="checkbox"/>	
--	

## City of Torrington

### Your Profile

[Sign Up \(/sign-up\)](/sign-up)

[Your Records \(/dashboard/records\)](/dashboard/records)

### Resources

[Search for Records \(/search\)](/search)

[Claim a Record \(/claimRecord\)](/claimRecord)

[Employee Login \(https://torringtonct.workflow.opengov.com\)](https://torringtonct.workflow.opengov.com)

---

Portal powered by **OpenGov**