

**Building Permit / Certificate of Occupancy**  
**Middletown Building Department**  
**Phone: (860) 638-4870 Fax: (860) 638-1970**

<b>Permit &amp; CO Number</b>
<b>2012469</b>

<b>Building Permit</b>	<b>Electric Permit</b>	<b>Plumbing Permit</b>	<b>HVAC Permit</b>	<b>Demolition Permit</b>	<b>City Project?</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Location of Proposed Work</b>			<b>Application Date</b>	<b>Building Official Approval</b>	
27 Hotchkiss Street			02/22/2012	John Parker	
<b>Permit Description</b>					
Gas line pressure test.					
<b>Permit Expiration</b>	<b>Contractor's License Number</b>		<b>Number of Dwelling Units</b>		<b>Sanitation Taxes OK?</b>
	Owner		4		<input type="checkbox"/>
<b>Water Taxes OK?</b>	<b>Motor Vehicle Taxes OK?</b>		<b>Personal Property Taxes OK?</b>		<b>Real Estate Taxes OK?</b>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
<b>Other Taxes OK?</b>	<b>Sewer Taxes OK?</b>		<b>Estimated Costs</b>		<b>Check Number</b>
<input type="checkbox"/>	<input type="checkbox"/>		\$100.00		1530
<b>Chargeable Amount</b>	<b>Permit Fee</b>	<b>Total Fee</b>	<b>State Fee</b>	<b>City Fee</b>	<b>Payment Date</b>
\$0.10	\$15.26	\$0.03	\$0.03	\$0.00	02/23/2012
<b>Applicant Name</b>		<b>Applicant's Address</b>		<b>Applicant's City</b>	<b>State</b> <b>Zip</b>
Joseph Legge		101 South Main Street		Middletown	CT   06457-
<b>Applicant's Phone</b>	<b>Applicant's Fax</b>	<b>Applicant's Email</b>			
860-301-2488		joeleg@comcast.net			
<b>Owner Name</b>		<b>Owner's Address</b>		<b>City</b>	<b>State</b> <b>Zip</b>
Joseph Legge		101 South Main Street		Middletown	CT   06457-
<b>Comments</b>					

**Permit Application Approval Date:** 02/23/2012

**Final Inspection Approval Date:**

**Reviewed by:** \_\_\_\_\_

**Department Approval for Certificate of Occupancy:**

**Chief Building Official:** \_\_\_\_\_

**CO Date:** \_\_\_\_\_

**Water & Sewer:** \_\_\_\_\_

**Health Department:** \_\_\_\_\_

**Assistant Building Official:** \_\_\_\_\_

**Fire Marshal:** \_\_\_\_\_

**Assistant Building Official:** \_\_\_\_\_

**Planning & Zoning:** \_\_\_\_\_

**Chief Building Official:** \_\_\_\_\_