

**Town of Putney Fire Department
Fire Prevention Division**

Construction Permit Application

Section A; Site Information:	
Name of Building / Site:	_____
Physical Location: (9-1-1 Address)	_____
Property Owner Name:	_____
Property Owner Address:	_____
Property Owner Telephone: Home ()	E-mail: _____
Work ()	

Section B; Project Information:		
Indicate what the permit is being obtained for below; Check all that apply:		
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> New Construction <input type="checkbox"/> Addition to Existing Building <input type="checkbox"/> Place of Assembly Change of Ownership <input type="checkbox"/> Special Process / Hazard Permit </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Renovation / Alteration (Existing) <input type="checkbox"/> Change of Occupancy / Use <input type="checkbox"/> Demolition <input type="checkbox"/> Other: </td> </tr> </table>	<input type="checkbox"/> New Construction <input type="checkbox"/> Addition to Existing Building <input type="checkbox"/> Place of Assembly Change of Ownership <input type="checkbox"/> Special Process / Hazard Permit	<input type="checkbox"/> Renovation / Alteration (Existing) <input type="checkbox"/> Change of Occupancy / Use <input type="checkbox"/> Demolition <input type="checkbox"/> Other:
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Describe Current / Proposed Use:		

* Office Use Only *

Site #:	Date Received:	Approval Date:
Amount Due:	Amount Rec'd:	Check #:
Check From:	Permit #:	

Section C; Plans: Mark the plans that are included with this application

- | | |
|--|--|
| <input type="checkbox"/> Site Plans | <input type="checkbox"/> Foundation Plans |
| <input type="checkbox"/> Floor Plans | <input type="checkbox"/> Elevation Plans |
| <input type="checkbox"/> Walls Cross Section | <input type="checkbox"/> Floors and Roof Structural Design |
| <input type="checkbox"/> Plumbing Plans | <input type="checkbox"/> Electrical Plans |
| <input type="checkbox"/> Mechanical Plans | <input type="checkbox"/> Fire Protection Systems |
| <input type="checkbox"/> ADA / Accessibility Plans | <input type="checkbox"/> Other |

Plans, Application, and Fee must be submitted together; prior to review of the project

Construction may not commence prior to the issuance of a Construction Permit. Plans may require additional review and a new or amended permit, if it is determined by the Authority Having Jurisdiction that there may is a satisfactory reason, including changes is the project, or if the start of the project is significantly delayed. This application does not eliminate the requirements for electrical and plumbing trades to file the appropriate work notices with the Vermont Division of Fire Safety, in accordance with the Vermont Electrical Safety Rules and the Vermont Plumbing Rules.

Applications are processed in the order that they are received. The Department will make every effort to review your plans expeditiously. There may be delays in processing during especially busy construction seasons, so it is important to submit your plans early.

Section D; Building Information:

Indicate the Building Construction Type:

- Type 1: Non-Combustible A B
- Type 2: Non-Combustible
 - A B C
- Type 3: Non-Combustible / Combustible
 - A B
- Type 4: Combustible; Heavy Timber
- Type 5: Combustible (Ordinary Wood Frame)
 - Protected Unprotected

Structural Loads

- Roof Snow Loads: _____
- Floor Loads: _____
- Wind Load: _____

Fire Protection Systems (if any)

- Fire Alarm: Manual Automatic Detection Off-Sit Monitoring
 - Horn / Strobe Notification Voice Evacuation
- Sprinkler: Complete Limited Area Wet Pipe Dry Pipe
 - Standpipes
- Single Station Smoke Carbon Monoxide Gas Detection
- Other:

Occupancy Classification: _____

Occupant Load: _____ **Existing Square Footage:** _____

Sq. Footage of Largest Story: _____

Sq. Footage of Addition: _____ **Total Sq. Footage:** _____

Number of Floors: _____ **Building Height:** _____

Number of Units: _____ **Number of Bathrooms:** _____

Describe Heating System:

If this building is historically significant, indicate below, and provide complete documentation of historical listings:

Listed on the National Register of Historic Places

Listed on the State Register of Historic Places

Historically significant, as deemed by the Vermont Advisory Council on Historic Preservation

Section E; Energy Conservation Certificate

I, _____ certify that this new state-funded building or addition meets the standards contained in "The Vermont Guidelines for Energy Efficient Commercial Construction" as published in it's most recent edition, by the Department of Public Service.

For more information on energy conservation, contact the Department of Public Service at 1-888-373-2255

Section F; Permit Fee Calculation: Make check payable to Town of Putney and include with form

Gross Square Footage of Project	x 0.125 =	\$ _____
(Total Building / Space Square Footage; Not Footprint Only)		
Heating System Inspection	\$25.00 flat fee inspect only	\$ _____
	\$80.00 permit and inspection	
	Total Fee	\$ _____

Section G; Applicant, Project Contractor, and Designer:

General Contractor:

Name Address Phone

Architect, Engineer, or Other Designer:

Name Address Phone

Anticipated Project Start Date: _____

Anticipated Project Completion Date _____

Applicant's Company Name:

Contact Person: Position:

Address:

City: State; Zip:

E-mail: Telephone: Fax:

I hereby certify that the information contained within this application is correct & accurate

Applicant Signature:

Date:

Please return form and payment to:

Putney Fire Department
14 Main Street; PO Box 875
Putney, Vermont 05346

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