



# Town of Plainfield Application for Building Permit

Date \_\_\_\_\_  
Property owner \_\_\_\_\_ Phone \_\_\_\_\_  
Owner's Address \_\_\_\_\_  
Project Address \_\_\_\_\_

Contractor \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
License/Registration No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Electrician: \_\_\_\_\_ License No: \_\_\_\_\_ Phone \_\_\_\_\_

Plumber: \_\_\_\_\_ License No: \_\_\_\_\_ Phone \_\_\_\_\_

Heating: \_\_\_\_\_ License No: \_\_\_\_\_ Phone \_\_\_\_\_

Concrete Supplier: \_\_\_\_\_

Concrete Contractor: \_\_\_\_\_

## **Description of Project**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Cost of Project \$ \_\_\_\_\_

Would you like the building plans returned to you after issuance of a Certificate of Occupancy?

Yes \_\_\_\_\_ No \_\_\_\_\_

\*\*\*\*\*

Property Tax Status: \_\_\_\_\_ Zoning Permit No: \_\_\_\_\_

Workers Comp: \_\_\_\_\_ Fire Marshal: \_\_\_\_\_

Fee: \_\_\_\_\_

# WORKERS' COMPENSATION COVERAGE AFFIDAVIT

In accordance with Public Act 96-216, Section 4, effective June 4, 1996, and as Permittee on the project listed below, I hereby choose the following option to verify compliance with the above stated Connecticut Workers' Compensation Laws:

## PROJECT IDENTIFICATION:

Property Owner \_\_\_\_\_

Property address work being done \_\_\_\_\_

Description of Work \_\_\_\_\_

### PROPERTY OWNER:

I am the owner of the above property and I WILL NOT act as the general contractor or principal employer.

Signature \_\_\_\_\_

### SOLE PROPRIETOR

I am the Sole Proprietor of a business doing work at the above named property and I WILL NOT act as the general contractor.

Signature \_\_\_\_\_

\*\*\*\*\*

### PROPERTY OWNER:

I am the owner of the above described property and WILL BE acting as the General Contractor on this project and hereby swear and attest that I WILL require proof of Workers' Compensation Insurance from each and every subcontractor or other worker before he/she engages in work on my property for this project.

### CONTRACTOR

I intend to act as a general contractor on the above referenced project and hereby swear and attest that I WILL require proof of Workers' Compensation Insurance from all subcontractors and all other workers employed on this job site. I understand it is my responsibility to insure compliance with the CT Workers' compensation Laws on this project.

In accordance with Public ACR 96-216, Section 4, I hereby state that I fully understand that every person employed or engaged to perform services on this construction site (including sole proprietors, independent contractors, and both owners and employed of subcontracting companies), are required to have Workers' Compensation Insurance. I also understand that there are new significant penalties under the Workers' Compensation Laws for misrepresenting one's employer status.

(Signed) \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
(Notary, Commissioner of the Superior Court, Justice of the peace)