



**LICENSED SUBTRADE
PERMIT**

DATE: _____

Town of Durham

Building Department
30 Town House Road, Durham, CT 06422
860-349-8253

Affected Address:

Street # _____ Street Name _____

KIND OF BUILDING: _____ USED AS: _____

CHECK ONE: ELECTRICAL _____ MECHANICAL _____ PLUMBING _____

CRS# _____

OWNER: _____

ADDRESS: _____

PHONE: _____

APPLICANT: _____

ADDRESS: _____

PHONE: _____

LICENSE #: _____

DESCRIPTION OF WORK:

ESTIMATED COST: \$ _____

FOR DEPARTMENT USE:

PERMIT FEE: \$ _____

STATE FEE: \$ _____

TOTAL FEE: \$ _____

PERMIT #: _____

SIGNATURE OF APPLICANT: _____

I hereby certify that I am the owner or agent for owner of the above referenced property.

BUILDING OFFICIAL: _____ DATE: _____