

STATE OF CONNECTICUT
DEPARTMENT OF CONSTRUCTION SERVICES
OFFICE OF THE STATE BUILDING INSPECTOR
1111 COUNTRY CLUB ROAD
MIDDLETOWN, CT 06457
TELEPHONE: (860) 685-8310
FAX: (860) 685-8365

FILE # _____

FOR OFFICE USE ONLY

DATE _____

REQUEST FOR ACCESSIBILITY EXEMPTION OF THE STATE BUILDING CODE

(Per C.G.S. Section 29-269 (b))

PLEASE TYPE OR PRINT CLEARLY. COMPLETE APPLICATION IN ITS ENTIRETY. ANY MISSING INFORMATION MAY RESULT IN DELAYS. RETURN COMPLETED APPLICATION TO THE ABOVE ADDRESS. **ALLOW 4 - 6 WEEKS FOR PROCESSING.**

1. Name of Building: _____
Street Address: _____
Town: _____ State: CT Zip Code: _____

2. Building Owner: _____

3. Applicant's Name: _____ Telephone: _____
Note: If applicant is different than the owner, include owner's appointment in writing authorizing you as the agent.

Name of Person to Contact: _____ Telephone: _____

Applicant's Street Address: _____
Town: _____ State: _____ Zip Code: _____

4. Date of Approval of Current Building Permit: _____

5. Use Group (according to Section 302 of State Building Code): _____

A. Was there a change of use: Yes No

B. If yes from _____ to _____

6. Type of Construction: _____

7. Square Foot Area of Building (Total): _____

Square Foot Area of Addition or Alteration: _____

8. Number of Stories: _____

