Vernon, CT

June 22, 2026

Record No: BP-26-253

BLD - Roofing / Siding

Status: Active

Submitted On: 4/23/2026

Primary Location

30 PARK PL
VERNON , CT 06066

Owner

TOWN OF VERNON |
14 PARK PL | VERNON, CT
06066

Applicant

Robin Tracy
860-982-1400
robtracy66@comcast.net
188 Post Office Rd unit 5
Enfield, CT 06082

PROPERTY OWNER & APPLICANT INFORMATION:

NOTE: All fields below marked with an asterisk* are REQUIRED to be completed.

Does the Property Owner Information we have on the previous page look correct?*

Yes

Who is APPLYING for this permit?*

Owner's Agent

Who will be DOING THE WORK?*

Contractor

I have read and acknowledge that Contractors must be properly licensed and/or registered through the CT Department of Consumer Protection (DCP) and are only allowed to perform work within the defined scope of their license. *

☑

PROJECT INFORMATION:

Property Type *

Commercial

Is this a Historic Property?

No

Detailed Work Description*

565 Talcottville Rd - Bldg# 2 (Unit#'s A1-4, B1-8, C1-8) - layover roof with 1.5 inches of insulation mech. fasened with .060 mill epdm [rubber] fully glued down.

Project Cost (Labor & Material)*

67600

Total SQUARE-FEET of Project*

9000

Select All That Apply

I am installing Roofing

☑

I am installing Siding

☐

ROOFING:

Type of Roofing being installed*

EPDM

Strip or Overlay*

Overlay

Insulation Installed Under Roofing *

Yes

Roof Insulation R-Value *

8.6

Are Skylights Being Installed/Replaced*

No

I have read and acknowledge a separate inspection will be REQUIRED for the installation of the skylight(s)*

☑

Contractor Information

First and Last Name of Contractor

ROBIN S TRACY

Business Name (if applicable)

Tracy Brothers Construction

Mailing Address

188 Post Office Rd

City

Enfield

State

CT

Zipcode

06082

Email Address*

robtracy66@comcast.net

Phone Number*

860-982-1400

License/Registration Type

Home Improvement Contractor

License/Registration Number

642482

License/ Registration Expiration Date

03/31/2027

License Status

ACTIVE

Insurance Company

Gas Lamp

Insurance Expiration Date

–

ACKNOWLEDGEMENTS:

I am aware that this is only an Application for the work described, and that I am not authorized to proceed with the project until such time as a Permit has been issued by the Building Official. I hereby certify that the proposed work shall conform to the Connecticut State Building Code and all other codes as adopted by the State of Connecticut, the municipal ordinances, and the municipal zoning regulations. I further attest that I am authorized to make application for a Permit for such work as described above as the Owner of the Property or Owner's Agent.*

☑

I agree that my electronic signature below is equivalent to a handwritten signature and is binding for all purposes related to this transaction.*

☑

First & Last Name:*

Robin S Tracy

Date:*

04/23/2026

Attachments

7A Waiver 565.pdf
7A Waiver 565.pdf
Uploaded by Lauren Crocker on Apr 27, 2026 at 2:46 PM

License 565.pdf
License 565.pdf
Uploaded by Lauren Crocker on Apr 27, 2026 at 2:47 PM

USE OF TRADE LICENSE / REGISTRATION:

License Holder Verification:* ?

I (the Applicant) am the Holder of the
Contractor License(s) or Registration(s)
submitted with this application

NOTICE (C.G.S. Sec. 20-338b): Any licensed contractor who seeks to obtain a permit from a building official may sign the building permit application personally or delegate the signing of the building permit application to an employee, subcontractor or other agent of the licensed contractor, provided, the licensed contractor's employee, subcontractor or other agent submits to the building official a dated letter on the licensed contractor's letterhead, signed by the licensed contractor, stating that the bearer of the letter is authorized to sign the building permit application as the agent of the licensed contractor. **The letter shall not be a copy or a facsimile, but shall be an original letter bearing the original signature of the licensed contractor. The letter shall also include: (1) The name of the municipality where the work is to be performed; (2) the job name or a description of the job; (3) the starting date of the job; (4) the name of the licensed contractor; (5) the name of the licensed contractor's agent; and (6) the license numbers of all contractors to be involved in the work.**

STATE OF CONNECTICUT

DEPARTMENT OF CONSUMER PROTECTION

HOME IMPROVEMENT CONTRACTOR

ROBIN S TRACY

188 Post Ofice Rd

Unit 5

Enfield, CT 06082

TRACY BROTHERS CONSTRUCTION

Registration #	Effective	Expiration
HIC.0642482	04/01/2026	03/31/2027

SIGNED Robin S. Tracy

State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 3-17-2006

7A

Proof of Workers' Compensation Coverage when Applying for a Building Permit for the Sole Proprietor or Property Owner who WILL NOT act as General Contractor or Principal Employer

APPLICANT FOR BUILDING PERMIT

Name of Applicant for Building Permit: Robin S. Tracy

Property located at: 565 Talcottville Rd. Vernon

in the City / Town of: Vernon CT 06066

ATTEST

If you are the owner of the above-named property or the sole proprietor of a business doing work on the site of the construction project at the above-named property and you WILL NOT act as the general contractor or principal employer, you are not required to have workers' compensation insurance coverage.

CHECK ONE (1) BOX ONLY and complete the following:

☐ **I am the OWNER** of the above-named property. I WILL NOT act as the general contractor or principal employer.

Signature of OWNER Applicant: _____

☑ **I am the SOLE PROPRIETOR** of a business doing work at the above-named property. I WILL NOT act as the general contractor or principal employer.

Name of Business: Tracy Brothers Construction

Federal Employer ID# (FEIN): _____

Signature of SOLE PROPRIETOR Applicant: Robin S. Tracy