

Town Of Deep River Building Permit Application

Date _____

Permit # __ - ____

Location of Building	Address _____ <small>(Number) (Street)</small>	
	Subdivision _____ Lot _____ Lot Size _____ <small>(If Applicable)</small>	
	For Office Use: Map # _____ Lot # _____	

Applicant	Name _____		
	Mailing Address _____		
	City _____	State _____	Zip _____
	Day Ph () _____	Fax () _____	

Owner	Name _____		
	Mailing Address _____		
	City _____	State _____	Zip _____
	Day Ph () _____	Fax () _____	

Contractor Information			
Business Name _____		Address _____	
City _____	State _____	Zip _____	Telephone (Include Area Code) _____
Builders License Number _____		Expiration Date _____	
You must attach a copy of current "Contractor's License" and current "Proof of Workman's Comp. Insurance".			

Type of Improvement (If new construction, fill in sections A - H)					
<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> NEW GARAGE	<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> POOL	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> NEW SHED	<input type="checkbox"/> NEW DECK	<input type="checkbox"/> NEW BARN	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> REPAIR	
BRIEFLY DESCRIBE PROJECT - _____					

A. Proposed Use of Building (Residential)					
<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> TWO OR MORE FAMILY	<input type="checkbox"/> ATTACHED GARAGE	<input type="checkbox"/> DETACHED GARAGE	<input type="checkbox"/> BARN	<input type="checkbox"/> OTHER _____

B. Proposed Use of Building (Non-Residential)
<input type="checkbox"/> PLEASE EXPLAIN _____

C. Principal Type of Framing				
<input type="checkbox"/> WOOD FRAME	<input type="checkbox"/> MASONRY	<input type="checkbox"/> STRUCTURAL STEEL	<input type="checkbox"/> REINFORCED CONCRETE	<input type="checkbox"/> OTHER _____

D. Principal Type of Heating					
<input type="checkbox"/> OIL	<input type="checkbox"/> GAS	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> COAL	<input type="checkbox"/> WOOD	<input type="checkbox"/> OTHER _____

E. Principal Type of Sewage Disposal	
<input type="checkbox"/> PUBLIC OR PRIVATE COMPANY	<input type="checkbox"/> SEPTIC SYSTEM

F. Principal Type of Water Supply	
<input type="checkbox"/> PUBLIC OR PRIVATE COMPANY	<input type="checkbox"/> PRIVATE WELL OR CISTERN

G. Type of Mechanical

WILL THERE BE CENTAL AIR CONDITIONING? YES NO

WILL THERE BE FIRE SUPPRESSION? YES NO

H. Dimensions / Data

NUMBER OF STORIES	SQUARE FOOTAGE:	EXISTING	ALTERATIONS	NEW
	BASEMENT:	_____	_____	_____
	1ST FLOOR:	_____	_____	_____
	2ND FLOOR:	_____	_____	_____
	OTHER:	_____	_____	_____
	TOTAL SQ FOOTAGE:	_____	_____	_____

Checklist

Please be sure all items below are included when submitting a building permit.

For project *without* footprint change.

- Signed building permit application.
- 2 Sets of building plans.
- 1 Site plan.
- Contractor License & Insurance. (copies)
- Workers' Compensation Statement. (If no contractor is involved)

For project *with* footprint change.

- Signed building permit application.
- 2 Sets of building plans.
- 2 Site plans.
- Inland/Wetland Application
- Zoning Application & appropriate maps & site plans.
- Contractor License & Insurance. (copies)
- Workers Compensation Statement. (If no contractor is involved)
- Health District Approval.

I HEREBY CERTIFY THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF CONNECTICUT. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant **X**

Date

JOB COSTS

Cost of Improvement	\$
Electrical	\$
Plumbing	\$
Heating, Air Conditioning	\$
Other (elevator, etc.)	\$
TOTAL COST	\$

FEES

Total Cost	
First \$1000.00 x \$25.00	\$ 25.00
Each addl. \$1000.00 x \$15.00	\$
Total Building Fees	\$
Additional fees may apply if this application requires Zoning approval (Zoning approval is required when said project alters the original footprint of the property)	

PAYMENT

Total Paid _____
 Date _____
 Building _____
 Zoning _____
 State _____
 Check # _____
 Cash _____

The submitted plans have been reviewed and found to generally be in compliance with Connecticut Codes which are made a part of this permit and shall take precedent over any submitted drawings.

Signature of Building Official
 Richard E. Leighton

Date

Deep River Planning & Zoning Commission
 174 Main Street, Deep River, CT 06417
 (860) 526-6030 (telephone) 860) 526-0060 (fax)

Application for Administrative Zoning Permit

Permit # _____

Map#: _____

Lot#: _____

Location: _____

Applicant: _____

Telephone: _____

Address: _____

Owner: _____

Telephone: _____

Address: _____

Zoning District (circle one):

R-80 R-40 R-20 P&R HDD GC VID CIP TID

Other Considerations (circle appropriate designations):

Coastal Area
Management

Flood Hazard
Area

Gateway Conservation
Zone

Wetlands &
Watercourses

Type of Permit being applied for (circle one):

New
Construction/Addition

Renovation/Alteration

Cost of Improvement \$ _____

Fence/Sign

Pool/Shed

Please give a complete description of the proposed activity:

Please submit a plot plan indicating the following information:

1. The area of the lot, and the approximate dimensions of all lot lines;
2. The height, dimensions, use, floor area, ground coverage and location of all buildings and other structures (existing and proposed);
3. The location of any existing or proposed on-site sewage disposal system and water supply well and/or utility service lines;
4. The location, area and dimensions of off-street parking and loading spaces, signs and other facilities and improvements that are subject to the Zoning Regulations; and
5. Such additional information as the Zoning Enforcement Officer deems necessary to determine compliance with the provisions of the Zoning Regulations, such as dimensions to all lot boundaries and other structures from existing and proposed structures, total coverage of lot by all structures, and all wetlands, watercourses, drainage swales, easements and rights of way.

I/we the applicant/owner have read the Zoning Regulations and am/are familiar with the requirements and standards set forth therein. To the best of my understanding, this application is accurate and complete and represents the project in its completed form.

Applicant Signature _____ Date _____ Owner Signature _____ Date _____

Fee _____ Date _____ Check # _____ Cash _____

PRELIMINARY WETLANDS IDENTIFICATION STATEMENT

The purpose of this Statement is to aid in the determination of the necessity for an Application for Inland Wetlands and Water Courses Permit. In accordance with Connecticut General Statutes Section 22a-36 to 22a-45. *This form must be completed by the Applicant and a determination made by the Inland Wetland Commission or its Agent prior to issuance of a building permit.*

1. Name of Applicant _____
Mailing address _____ Phone number _____
2. Name of Property Owner _____
Mailing address _____ Phone number _____
3. Location of property for proposed activity _____
Map _____ Lot No. _____
4. Describe project _____
5. Please provide site plan or location map of the proposed activity to accompany this form to better aide the review.

6. Is any part of the proposed activity *in or within 100 feet of a wetland or watercourse* on the property or neighboring property? YES _____ NO _____ UNSURE _____
(an Inland Wetland Permit maybe required if yes or unsure, please contact the Deep River Inland Wetland Agent as soon as possible to discuss.)

I, the undersigned, acknowledge that the above information is true and accurate to the best of my knowledge. I understand that the signature of the Inland Wetlands Commission Agent in no way relinquishes my responsibility to accurately represent the information of this statement.

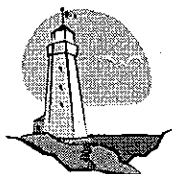
Signature: _____ Date: _____

This area to be filed out by Inland Wetlands Commission Agent only
According to the information presented by the applicant:

_____ The above mentioned activity does not require an Inland Wetland permit
(note: _____)

_____ The above named applicant must apply for an Inland Wetlands permit
(note: _____)

Signature: _____ Date: _____



Connecticut River Area Health District

166 Main Street Unit #2, Old Saybrook, Connecticut 06475
Telephone (860) 661-3300 · FAX (860) 661-3333
Serving Clinton, Deep River and Old Saybrook

Application #: _____

Fee: \$50.00

Payable to: CRAHD

B-100a: Application for Building Conversion or Addition, or Accessory Structure

Note: A scaled diagram of the proposed addition or accessory structure in relation to existing structures, property lines, septic system and water source must be shown on attached detailed plot plan. Proposed building plans must also be submitted with this application.

Circle Town: Old Saybrook Clinton Deep River

Date: _____ Property Address: _____

Owners Name: _____ Owners Phone #: _____

Applicant Name: _____ Applicant Address: _____

Applicant Phone # _____ Applicant Fax # _____

Type of Application:

Building Conversion, Change in Use (Winterization)

_____ Existing # of bedrooms _____ Proposed # of bedrooms

Building Addition

Accessory Structure, ex. Garages, Pools, Sheds, Decks.

Lot Division, Lot Line Change, Lot Reduction

Give a brief description of proposed application: (e.g.: performing winterization; type and number of rooms being added; square footage of house addition; and, type of structures to be added, etc.)

Applicable to Old Saybrook only:

Is the property located in the Wastewater Management District: YES NO

Existing Structure:

Residential Non-Residential If Non-Residential, describe: _____

Approx. Existing Floor Area (in sq. ft.). _____ Approx. Proposed Floor Area _____

Water Supply: Private Well Public Water Existing # of Bedrooms _____

Existing Septic System:

Year Septic System Installed: _____ New Repair

Has any soil testing been performed on the property? Yes No (Attach soil testing)

Signed: _____

Owner or Authorized Agent

Address: _____ Check # _____ Cash _____

Office Use Only

Application complete? Yes No Date completed? _____

Is soil testing information available for this property? Yes No

If no, will soil testing be required? Yes No

Building Conversion, Change in Use: Applicable Not Applicable

Has a code complying area been determined for this property? Yes No

Will the proposed change result in greater than 50% increase in design flow? Yes No

• If yes, will the property owner be required to expand the existing septic system? Yes No

Building Addition: Applicable Not Applicable

Has a code complying area been determined for this property? Yes No

If a code complying area is not found, does the application meet the following conditions?

1. Replacement area **provides** 50% of effective leaching area Yes No

2. Replacement area **provides** 50% of MLSS requirement Yes No

3. **No** exception(s) to well separation distance is required Yes No

4. The addition does **not** reduce the potential repair area Yes No

5. The addition does **not** increase the design flow of building Yes No

Will the proposed addition result in greater than 50% increase in design flow? Yes No

• If yes, will the property owner be required to expand the existing septic system? Yes No

Accessory Structure, Attached or Detached Garages, Below or Above Ground Pool:

Applicable Not Applicable

Has a code complying area been determined for this property? Yes No

If a code complying area is not found, does the application meet the following conditions?

1. Accessory structure, etc. does **not** reduce the potential repair area Yes No

2. The separation distances between the accessory structures, etc. and any part of the existing septic system shall comply with technical standard requirements Yes No

Lot Division, Lot Line Change, Lot Reduction: Applicable Not Applicable

Has a code complying area been determined on the lot containing the existing building? Yes No

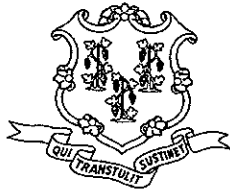
Has a code complying primary and reserve area been determined for the newly created lot? Yes No

Decision: Approved Not Approved

Will the septic system be repaired: YES NO

Comments :

Signed: _____ Date: _____ Faxed to Town: _____



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 10-12-2004

7B

**Proof of Workers' Compensation Coverage when Applying
for a Building Permit for the Sole Proprietor or Property Owner
who WILL act as General Contractor or Principal Employer**

Applicant for Building Permit

Name of Applicant for Building Permit _____

Property located at _____

in the City / Town of _____

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 act as the general contractor or principal employer, you must provide proof of workers' compensation insurance coverage for all employees.

Complete this form and, if applicable, sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

CHECK ONE (1) BOX ONLY, provide the appropriate information, and sign:

I am the **OWNER** of the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers' compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

Signature of OWNER Applicant _____

I am the **SOLE PROPRIETOR** of a business doing work at the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers' compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

Signature of SOLE PROPRIETOR Applicant _____

I am the **OWNER** of the above-named property or the **SOLE PROPRIETOR** of a business doing work at the above-named property. I will not personally submit proof of workers' compensation insurance coverage, but I will attest to the following:

AFFIDAVIT

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he or she does work on the site of the construction project at the above-named property in accordance with Section 31-286b of the Workers' Compensation Act.

Signature of OWNER or SOLE PROPRIETOR Applicant _____

Name of Business—if applicable _____

Federal Employer ID# (FEIN)—if applicable _____

Subscribed and sworn to before me this _____ day of _____, 200 _____.

Signature of Notary Public / Commissioner of the Superior Court _____

Required Inspection Schedule

Your attention is directed to the following required inspections for which a building permit has been issued in accordance with section 113.0 of the state building code.

(113.2.3 Posting for Required Inspections: A schedule of required inspections shall be compiled by the code official. The schedule shall be posted in the Building Department for public view).

- Footings - (Inspection required prior to pouring concrete)
- Foundation Walls – (Inspection required prior to pouring concrete)
- Waterproofing/Footing Drains - (Inspection required prior to pouring concrete)
- Curtain Drains - (Inspection required prior to covering)
- Rough Framing/Wind Bracing – (Prior to covering)
- Electrical Service/Temp or Permanent – (CL&P CRS # Required prior to inspection)
- Rough Electrical – (Prior to covering)
- Rough Plumbing – (Prior to covering – Water-Air Test required)
- Rough HVAC – (Prior to covering)
- Insulation – (Prior to covering)
- Underground Electrical/Plumbing – (Prior to covering)
- Roofing / Re-Roof – (At 50% stage of roof installation)
- Decks / Sun Rooms – (Same applicable stages as listed above)
- Automatic Sprinkler System – (Prior to cover / Required air testing)
- Smoke / Heat Detection – (As per NFPA Standard 72)
- Final Inspection – (All documents to be submitted prior to request)
- Building Demolition – (At time of application and at completion)
- Other Inspections – (As requested or required)