

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 () _____	
Email: _____			

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

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

Type of Improvement (If new construction, fill in sections A - H) Circle Applicable Use Class					
NEW CONSTRUCTION	NEW GARAGE	FOUNDATION ONLY	DEMOLITION	POOL	OTHER
NEW SHED	NEW DECK	NEW BARN	ALTERATION	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

☐ PUBLIC OR PRIVATE COMPANY☐ SEPTIC SYSTEM

F. Principal Type of Water Supply

☐ PUBLIC OR PRIVATE COMPANY☐ 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 <i>without</i> footprint change.	For project <i>with</i> footprint change.
<div><input type="checkbox"/> Signed building permit application.</div> <div><input type="checkbox"/> 2 Sets of building plans.</div> <div><input type="checkbox"/> 1 Site plan.</div> <div><input type="checkbox"/> Contractor License & Insurance. (copies)</div> <div><input type="checkbox"/> Workers' Compensation Statement. <small>(If no contractor is involved)</small></div>	<div><div><div><input type="checkbox"/> Signed building permit application.</div><div><input type="checkbox"/> 2 Sets of building plans.</div><div><input type="checkbox"/> Site plans.</div><div><input type="checkbox"/> Inland/Wetland Application</div><div><input type="checkbox"/> Zoning Application & appropriate maps & site plans.</div><div><input type="checkbox"/> Contractor License & Insurance. (copies)</div></div><div><input type="checkbox"/> Workers Compensation Statement. <small>(If no contractor is involved)</small></div><div><input type="checkbox"/> Health District Approval. 2</div></div>

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

<div>JOB COSTS</div> <table><tr><td>Cost of Improvement</td><td>\$</td></tr><tr><td>Electrical</td><td>\$</td></tr><tr><td>Plumbing</td><td>\$</td></tr><tr><td>Heating, Air Conditioning</td><td>\$</td></tr><tr><td>Other (elevator, etc.)</td><td>\$</td></tr><tr><td>TOTAL COST</td><td>\$</td></tr></table>	Cost of Improvement	\$	Electrical	\$	Plumbing	\$	Heating, Air Conditioning	\$	Other (elevator, etc.)	\$	TOTAL COST	\$	<div>FEES</div> <table><tr><td>Total Cost</td><td></td></tr><tr><td>First \$1000.00 x \$26.00</td><td>\$ 26.00</td></tr><tr><td>Each addl. \$1000.00 x \$16.00</td><td>\$</td></tr><tr><td>Total Building Fees</td><td>\$</td></tr></table> <div>Additional fees may apply if this application requires Zoning approval (Zoning approval is required when said project alters the original footprint of the property)</div>	Total Cost		First \$1000.00 x \$26.00	\$ 26.00	Each addl. \$1000.00 x \$16.00	\$	Total Building Fees	\$	<div>PAYMENT</div> <div>Total Paid _____</div> <div>Date _____</div> <div>Building _____</div> <div>Zoning _____</div> <div>State _____</div> <div>Check # _____</div> <div>Cash _____</div>
Cost of Improvement	\$																					
Electrical	\$																					
Plumbing	\$																					
Heating, Air Conditioning	\$																					
Other (elevator, etc.)	\$																					
TOTAL COST	\$																					
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Each addl. \$1000.00 x \$16.00	\$																					
Total Building Fees	\$																					

The Code Official conducts inspections on Monday and Wednesday mornings ONLY, please plan accordingly.

The Submitted plans & documents have been reviewed and are considered to be in substantial compliance with the State of Connecticut Family of Codes, which have been made part of this Permit, and any notes or comments shall take precedence over the printed matter.

Signature of Code 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):

Residential: ☐ R-30 (Moderate Density) ☐ R-60 (Low Density) ☐ R-80 (Very Low Density)

☐ Village Residential

Commercial: ☐ General Commercial ☐ Village Commercial ☐ Village Mixed Use

☐ Neighborhood Commercial ☐ Harbor Development

Industrial: ☐ Village Industrial ☐ Turnpike Industrial ☐ Commercial Industrial Park

Other: ☐ Preservation & Recreation

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 Renovation/Alteration Cost of Improvement \$ _____

Construction/Addition

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 _____

CONSERVATION AND INLAND WETLANDS COMMISSION
TOWN OF DEEP RIVER, CONNECTICUT
Town Hall 174 Main Street Deep River, Connecticut

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

455 Boston Post Road, Suite 7
Old Saybrook, CT 06475

Telephone (860) 661-3300 · FAX (860) 661-3333

Fee: \$100.00
Payable to: CRAHD

B-100a: Application

Note: A 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. Submit any/all septic system information and soil testing available for the subject property.

Circle Town: Old Saybrook Clinton Deep River Haddam

Date: _____ Property Address: _____

Owners Name: _____ Owners Phone #: _____

Applicant Name: _____ Applicant Address: _____

Applicant Phone # _____ Applicant Fax # _____

Existing Structure: [Residential _____ **Number of Bedrooms** _____]

 [Non-Residential _____ Describe _____]

Water Service: Well ☐ Public ☐ Year Septic System Installed: _____

Type of Application:

- ☐ Building Conversion (Winterization)
- ☐ Change in Use (Addition of Bedrooms etc.) Existing Bedrooms _____ Proposed Bedrooms _____
- ☐ Building Addition Existing sq.ft _____ Proposed sq.ft _____
- ☐ Accessory Structure, ex. Garages, Pools, Sheds, Decks.
- ☐ Lot Division, Lot Line Change, Lot Reduction

Give a brief description of proposed application:

Applicable to Old Saybrook Only: Is the property in the Wastewater Management District: YES NO

Print: _____ Sign: _____
(Owner or authorized agent)

Address: _____ Check# _____ Cash _____

Building Conversion, Change in Use:

☐ 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

- 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
 3. No exception(s) to well separation distance is required
 4. The addition does **not** reduce the potential repair area
 5. The addition does **not** increase the design flow of building
- 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:

☐ 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 and 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

- Has a code complying area been determined on the lot containing the existing building and has a code complying primary and reserve are been determined for the new lot? ☐ Yes ☐ No

Will the septic system be repaired: YES NO Approved ☐ ☐ Not Approved

Comments: _____

Signed: _____ Date: _____



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 _____