



Town of Deep River Land Use Department

Rev: 11/20

Construction Project with footprint change

Application Tracking

For any project that will include the expansion or alteration of the footprint of a structure, new or existing, all permit applications within the packet must be completed, and submitted to the relevant agency. Health (CRAHD) and Wetlands approval must be obtained prior to the issuance of an Administrative Zoning Permit and no building permit will be issued until all other agencies have issued a decision.

Project Address: _____

Description of work: _____

Please indicate the date each application was submitted to the relevant agency, and date approved if applicable.

Agency:	Health	Inland Wetlands	Planning & Zoning	Building
Date Submitted:				
Date Approved:				
STAFF USE ONLY BELOW THIS LINE				
Approved By:				
Notes:				

Town of Deep River Building Permit Application

Date _____
Permit # ____ - ____

Location of Building	Address _____ (Number) (Street)	
	Subdivision _____ Lot _____ Lot Size _____ (If Applicable)	
	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) <u>Circle Applicable Use Class</u>					
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 CENTRAL AIR CONDITIONING? ☐ YES ☐ NO

 WILL THERE BE FIRESUPPRESSION? ☐ YES ☐ NO
H. Dimensions / Data

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

Checklist for Submittals:

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.
- ☐ 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. 2

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 \$26.00	\$ 26.00
Each addl. \$1000.00 x \$16.00	\$
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 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. The Applicant has already or will install an approved Site Address Identification Number in accordance with Section R319, Ct IRC.

Signature of Code Official:

Richard E. Leighton

DATE:



Connecticut River Area Health District
455 Boston Post Rd. Suite 7
Old Saybrook, CT 06475
Phone: 860-661-3300 Web: www.crahd.info

Application #: _____

Fee: \$125.00

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 be submitted with this application.

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

Town: ☐ Old Saybrook ☐ Clinton ☐ Deep River ☐ Haddam ☐ Chester ☐ Killingworth

Property Address: _____

Owners Name: _____ Map _____ Lot _____

Applicant Name: _____ Address: _____

Applicant Phone #: _____ Email: _____

Existing Structure: Residential: ☐ EXISTING # of Bedrooms: _____

Non- Residential: ☐ EXISTING Use: _____

Water Service: Well ☐ Public ☐

Type of Application:

☐ Building Conversion
(Winterization/ Change in Use (Addition of Bedrooms, etc.))

☐ Building Addition

☐ Accessory Structure
(Garages, Pools, Sheds, Decks, etc.)

☐ Lot Division, Lot Line Change, Lot Reduction

☐ Other _____

Describe Application: _____

Date: _____

Print Name: _____ Signature: _____

(Owner or authorized agent name and signature required to process application)

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: _____



Deep River Planning & Zoning Commission

Application #: _____

Administrative Zoning Permit Application

1. **Applicant:** _____ **Telephone #:** _____
Mailing Address: _____
Email: _____ **Cell #:** _____
2. **Agent:** _____ **Telephone #:** _____
Mailing Address: _____
Email: _____ **Cell #:** _____
3. **Property Owner:** _____ **Telephone #:** _____
Mailing Address: _____
Email: _____ **Cell #:** _____
4. **Person to contact:** _____

Description of Property

5. **Zoning District:** (Check all that apply)

<i>Residential:</i>	<input type="checkbox"/>	R-30 (Moderate Density)	<input type="checkbox"/>	R-60 (Low Density)
	<input type="checkbox"/>	R-80 (Very Low Density)	<input type="checkbox"/>	Village Residential
<i>Commercial:</i>	<input type="checkbox"/>	General Commercial	<input type="checkbox"/>	Village Commercial
	<input type="checkbox"/>	Village Mixed Use	<input type="checkbox"/>	Neighborhood Commercial
	<input type="checkbox"/>	Harbor Development		
<i>Industrial:</i>	<input type="checkbox"/>	Village Industrial	<input type="checkbox"/>	Turnpike Industrial
	<input type="checkbox"/>	Commercial Industrial Park		
<i>Other:</i>	<input type="checkbox"/>	Preservation & Recreation		

Acreage: _____ **Assessor's Map #:** _____ **Lot #:** _____
Street Address: _____

Property Information

6. Is the property located in any of the following:

<input type="checkbox"/> Coastal Area Management	<input type="checkbox"/> Gateway Conservation	<input type="checkbox"/> Flood Zone,
<input type="checkbox"/> (CAM)	<input type="checkbox"/> Zone	Note zone designation:
<input type="checkbox"/> Within 500' of a Town Line		
7. Is the property located within 100' of any wetlands or watercourses ☐ Yes ☐ No
8. Does this project require a variance? ☐ Yes ☐ No
9. What subsection of the Schedule of Uses is this permitted under? _____
10. Project Description: _____

Project Address: _____

11. Please submit the following items demonstrating compliance with the Deep River Zoning Regulations:
- Statement of Use
 - Site Plan
 - Architectural Plan
12. *The Owner and the Applicant hereby grant the Deep River Zoning Enforcement Officer and/or the Town's Engineer, permission to enter upon the property noted on this application for the purpose of inspection and enforcement of the Zoning Regulations of the Town of Deep River.*
13. **Signatures:** (All are required)

Applicant: _____ Print Name: _____ Date: _____

Agent: _____ Print Name: _____ Date: _____

Owner: _____ Print Name: _____ Date: _____

For Office Use Only – Do not write below this line

☐ Applicant met with DAB Date: _____ ☐ N/A

☐ Approved ☐ Approved with Conditions _____

☐ Denied Reason for denial: _____

Zoning Enforcement Officer _____ Date _____

Fee: _____ Date: _____ Check #: _____ Cash: _____



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 _____

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 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 _____

Federal Employer ID# (FEIN) _____

Signature of SOLE PROPRIETOR Applicant _____



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 3-17-2006

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 _____