

Town Of Deep River  
Building Permit Application

Date \_\_\_\_\_  
Permit # \_\_\_\_\_

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

<b>Applicant</b>	Name _____		
	Mailing Address _____		
	City _____	State _____	Zip _____
	Day Ph ( ) _____	Fax ( ) _____	
<b>Owner</b>	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

<b>G. Type of Mechanical</b>	
WILL THERE BE CENTRAL AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL THERE BE FIRESUPPRESSION? <input type="checkbox"/> YES <input type="checkbox"/> NO

<b>H. Dimensions / Data</b>				
NUMBER OF STORIES _____	SQUARE FOOTAGE:	EXISTING	ALTERATIONS	NEW
	BASEMENT:	_____	_____	_____
	1ST FLOOR:	_____	_____	_____
	2ND FLOOR:	_____	_____	_____
	OTHER:	_____	_____	_____
	TOTAL SQ FOOTAGE:	_____	_____	_____

<b>Check list</b>		
Please be sure all items below are included when submitting a building permit.		
<b>For project <i>without</i> footprint change.</b>	<b>For project <i>with</i> footprint change.</b>	
<input type="checkbox"/> Signed building permit application. <input type="checkbox"/> 2 Sets of building plans. <input type="checkbox"/> 1 Site plan. <input type="checkbox"/> Contractor License & Insurance. (copies) <input type="checkbox"/> Workers' Compensation Statement. (If no contractor is involved)	<input type="checkbox"/> Signed building permit application. <input type="checkbox"/> 2 Sets of building plans. <input type="checkbox"/> 2 Site plans. <input type="checkbox"/> Inland/Wetland Application <input type="checkbox"/> Zoning Application & appropriate maps & site plans. <input type="checkbox"/> Contractor License & Insurance. (copies)	
	<input type="checkbox"/> Workers Compensation Statement. (If no contractor is involved) <input type="checkbox"/> 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.

<b>Signature of Applicant</b> <i>X</i>	<b>Date</b>
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JOB COSTS	
Cost of Improvement	\$ _____
Electrical	\$ _____
Plumbing	\$ _____
Heating, Air Conditioning	\$ _____
Other (elevator, etc.)	\$ _____
<b>TOTAL COST</b>	<b>\$ _____</b>

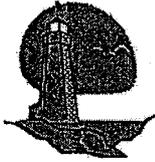
FEES	
Total Cost	_____
First \$1000.00 x \$25.26	\$ 25.26
Each addl. \$1000.00 x \$15.26	\$ _____
<b>Total Building Fees</b>	<b>\$ _____</b>
Additional fees may apply if this application requires Zoning approval (Zoning approval is required when said project alters the original footprint of the property)	

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.

<b>Signature of Building Official</b> <i>Richard E. Leighton</i>	<b>Date</b>
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The building inspector conducts inspections on Monday and Wednesday mornings  
**ONLY**, please plan accordingly.



Connecticut River Area Health District Application #: \_\_\_\_\_

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

Telephone (860) 661-3300 · FAX (860) 661-3333  
*Serving Clinton, Deep River and Old Saybrook*

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

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 Bedroom) 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

Is the property on the Waterfront:                      YES    NO

Print: \_\_\_\_\_ Sign: \_\_\_\_\_  
(Owner or authorized agent)

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: \_\_\_\_\_

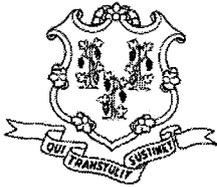
.....  
This area to be filed out by Inland Wetlands Commission Agent only  
According to the information presented by the applicant:

\_\_\_\_\_ 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 \_\_\_\_\_





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 \_\_\_\_\_

## 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)