

Application

Must be Signed by Tax Collector Prior to Submittal

**APPLYING FOR
A
BUILDING PERMIT**

**BUILDING DEPARTMENT APPLICATION
TOWN OF WESTBROOK**

INCLUDED IN THIS PACKET ARE INSTRUCTIONS FOR SUBMITTING AN APPLICATION TO OBTAIN A BUILDING PERMIT. PLEASE READ AND COMPLETE ALL REQUIRED INFORMATION. AN INCOMPLETE APPLICATION COULD RESULT IN A DELAY IN PROCESSING,

THANK YOU

BE SURE TO READ

ALL

INSTRUCTIONS CAREFULLY

BUILDING PERMIT CHECK LIST

For all additions, detached structures, in-ground and above ground swimming pools, new building on vacant lots

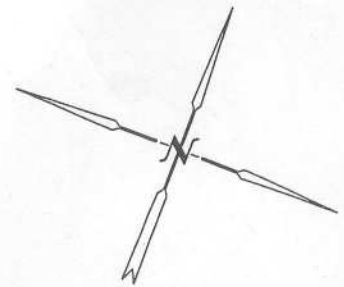
1. Building permit application
2. Zoning compliance and health permit application
3. Applicable worker's compensation insurance affidavit (attached to Building Permit)
4. 2 sets of building plans
5. 1 site plan with distances included showing the following:
 - a. all property lines
 - b. building set back lines (zoning)
 - c. all existing structures on the property
 - d. all proposed structures and/or additions
 - e. existing septic tank and leaching system location
 - f. location of soil testing (deep test pits and percolation tests this is required for all additions and new structures**)
 - g. code compliant septic system location (see attached health code section 19-13-B100a)
 - h. well location or water line location
 - i. wetlands locations (if known)
6. 2 copies of the engineer designed septic system if this has been required by the Sanitarian,

****If soil testing has not been done on the property, it must be done as part of the permit process.**

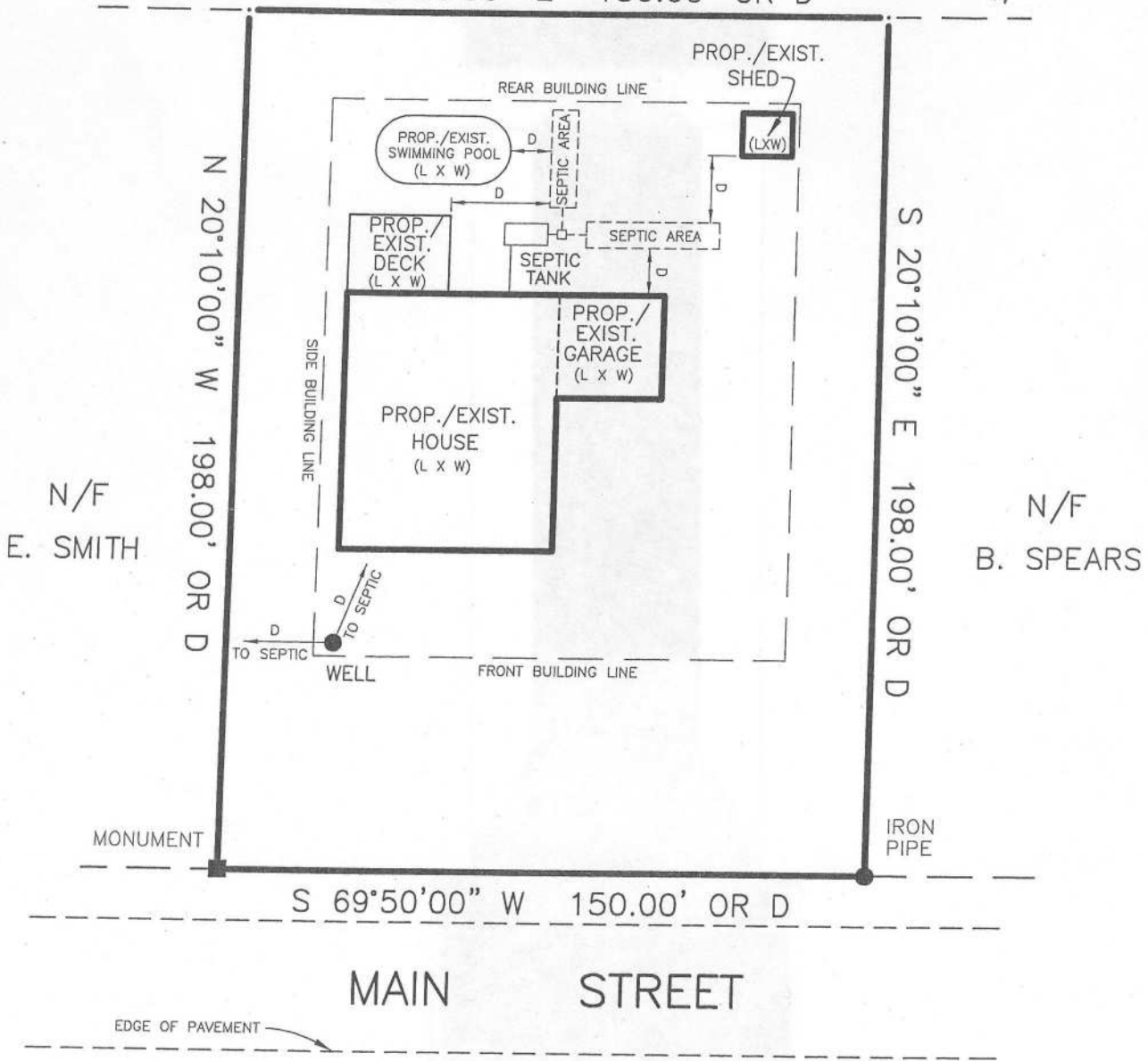
Any existing soil testing will be in your property file in the Land Use (Building) Department.

Soil testing requires the services of a backhoe. Make an appointment to do the soil testing with Mary Jane Engle, Sanitarian at 399-3047.

N/F
R. REDFORD



N 69°50'00" E 150.00' OR D



- LOT AREA =
- ZONE =
- COVERAGE % =
- WELL/CITY WATER
- WELL DISTANCE FROM SEPTIC =
- PROPOSED # OF BEDROOMS =
- PROPOSED HEIGHT =
- SHED =
- SWIMMING POOL =
- D = DISTANCE REQUIRED

A-2 SURVEY AND SITE PLAN REQUIRED FOR ALL NEW STRUCTURES.

SURVEYS MUST SHOW TIDAL, INLAND WETLANDS AND FEMA INFORMATION, ALONG WITH ANY INFORMATION REQUIRED BY LAND SURVEYORS UNDER STATE REGULATIONS.



Schedule of Required Inspections

ALL INSPECTIONS REQUIRE A MINIMUM OF ONE DAY'S NOTICE

1. *Footing inspection-when forms are installed, prior to pouring concrete*
2. *Foundation drains*
3. *Damp proofing-**Before Back Fill***
4. *Foundation Inspection-when steel reinforcement bars are to be installed*
5. *Exterior sheathing, nailing, and layout inspection*
6. *Rough Framing Inspection-When structure is erected*
7. *Rough Electrical Inspection when all new electrical conductors and equipment have been installed, roof covering must be in place*
8. *Rough Plumbing Inspection-When all new piping system installed to supply water, dispose waste, and vent sanitary system. System must be pressure tested.*
9. *Fireplace Throat*
10. *Electrical Trench Inspection and Gas Trench Inspection*
11. *Electrical Service-When all new service entrance conductors and equipment installed. Location of which must be pre-approved by CL&P field technician*
12. *Insulation inspection*
13. *Sheet Rock Inspection- required by Building Official, pertaining to Fire Walls and Ceiling only*
14. *Final Inspection-When all systems have been installed energized and functional prior to Occupancy.*
15. *Special Inspections when required by an Engineer and Building Official.*

Date: _____

Application for Building Permit, Town Of Westbrook

Property Address: _____ ID# _____

Owner of Record: _____ Tel# _____

Mailing Address: _____

Proposed Improvement: New Building _____ Addition _____ Alteration _____ Pool _____
Repair/Replace _____ Other _____

Describe work to be done: _____

Dimensions of New Structure: _____ Wide: _____ Long _____ High _____ Stories _____
Total Square Feet. Living Area (all Floors) _____ Square Feet of Garage Only _____
Number of Bdrms: _____ Baths _____ 1/2Baths _____ L.R. _____ D.R. _____ Fam Rm _____ Fireplace _____
Full Basement _____ Crawlspace _____ Open Deck _____ Porch _____ Jacuzzi Tub _____ gallons

Heat: _____ Oil _____ Gas _____ Electric _____ Hot Water _____ Hot Air _____ Air conditioning

Contractor: _____ License# _____

Address: _____ Tel# _____

COST OF CONSTRUCTION \$ _____

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY, OR 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 AUTHORIZED AGENT AND I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION. IN ADDITION, IF A PERMIT FOR WORK DESCRIBED IN THIS APPLICATION IS ISSUED, I AGREE THAT THE CODE OFFICAL OR CODE OFFICIAL'S AUTHORIZED REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER AREAS COVERED BY SUCH PERMIT AT ANY RESONABLE HOURS TO ENFORCE PROVISIONS OF THE CODE (S) APPLICABLE TO SUCH PERMIT

TOWN ORDINANCES PREVENT PERMIT ISSUANCE WHEN A BALANCE OF BACK PROPERTY TAXES ARE OWED TO THE TOWN OF WESTBROOK SEC 5-3, CGS 7-148 © (2) (B)

NAME OF APPLICANT: (PLEASE PRINT) _____

SIGNATURE OF APPLICANT: _____ Cell# _____

ADDRESS: _____

PERMIT FEE: _____
CT ED. FEE _____
INSPECT FEE: _____
TOTAL DUE _____

Plans which have been reviewed in compliance with CT Code and become part of this permit. Codes shall take precedence over the drawings.

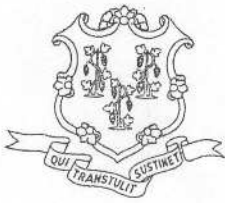
ANY PERMIT ISSURED SHALL BECOME INVALID IF THE AUTHORIZED WORK HAS NOT COMMENCED WITHIN SIX MONTHS AFTER ISSUANCE OF THIS PERMIT. FEES ARE NON-REFUNDABLE.

Permit # _____

Building Official Date

Not Valid without Tax Collectors Signature prior to submittal _____
Tax Collector

*Permit is valid with Building Official's signature and comments



State of Connecticut
Workers' Compensation Commission

DIRECTIONS for FILING FORMS 7A, 7B and 7C

Rev. 10-12-2004

7A - 7B - 7C DIRECTIONS

Building Permit Requirements for Workers' Compensation

Section 31-286b of the Workers' Compensation Act requires anyone who requests a building permit to first submit "proof of workers' compensation coverage for all of the employees who are engaged to perform services on the site of the construction project for which the permit was issued."

The only exceptions to this law are the sole proprietor or property owner who will **not** be acting as general contractor or principal employer.

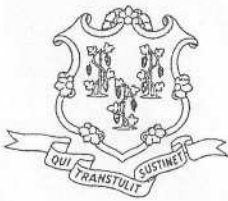
What to give to the Building Official to obtain a Building Permit:

1. The **General Contractor or Principal Employer** must provide a written certificate of workers' compensation insurance for all of the employees on their project. This certificate may **not** be for liability, disability or any other type of insurance.
2. The **Sole Proprietor or Property Owner who will not act as a general contractor or principal employer** is not required to have workers' compensation coverage. In order to obtain the building permit, a **FORM 7A** should be completed and given to the building official.
3. The **Sole Proprietor or Property Owner who will act as a general contractor or a principal employer** must provide a written certificate of workers' compensation insurance for all of the employees on their project and must file a **FORM 7B** with the building official — **OR** he will sign a sworn notarized affidavit on **FORM 7B**, stating that he will require proof of workers' compensation insurance for all those employed on the job site.
4. The **General Contractor or Principal Employer who has properly excluded himself from coverage** using the appropriate WCC form (see **NOTE** below) must file the **FORM 7C** with the building official. This form certifies that they have properly excluded themselves, and attests that they will require proof of workers' compensation insurance from every employee that works on the designated job site.

NOTE: The general contractor or principal employer may exclude himself from workers' compensation coverage by filing one of the following forms with the appropriate Workers' Compensation Commission district office:

Form 6B for employees who are Officers of a Corporation or Managers / Members of an LLC

Form 6B-1 for employees who are Members of a Partnership



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 10-12-2004

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. 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 _____



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 10-12-2004

7C

Proof of Workers' Compensation Coverage when Applying for a Building Permit for the General Contractor or Principal Employer who has chosen to be EXCLUDED from Coverage

Applicant for Building Permit

Name of Applicant for Building Permit _____
Property located at _____
in the City / Town of _____

Attest

If you are the General Contractor or Principal Employer of a business doing work on the site of the construction project at the above-named property and you have properly excluded yourself from workers' compensation coverage by filing one of the appropriate forms listed below with the Workers' Compensation Commission, complete this form and, if applicable, sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

FIRST — CHECK ONE (1) BOX:

I am: an Officer of a Corporation a Manager or Member of an LLC a Partner in a Business

THEN — CHECK ONE (1) BOX, provide the appropriate information, and sign the Affidavit below:

I have filed the following certificate with the Workers' Compensation Commission:

- Form 6B (for an Officer of a Corporation, a Manager of an LLC, or a Member of a Multiple-Member LLC)
- Form 6B-1 (for a Partner in a Business)

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 GENERAL CONTRACTOR or PRINCIPAL EMPLOYER 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 _____