

TOWN OF STONINGTON

CONNECTICUT STATE BUILDING CODE
APPLICATION FOR BUILDING PERMIT

FOR OFFICE USE ONLY

DATE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">APPLICATION NUMBER:</td> </tr> <tr> <td style="padding: 2px;">PERMIT FEE:</td> <td style="padding: 2px; text-align: right;">\$</td> </tr> <tr> <td style="padding: 2px;">OTHER FEES:</td> <td style="padding: 2px; text-align: right;">\$</td> </tr> <tr> <td style="padding: 2px;">TOTAL FEE:</td> <td style="padding: 2px; text-align: right;">\$</td> </tr> </table>				APPLICATION NUMBER:		PERMIT FEE:	\$	OTHER FEES:	\$	TOTAL FEE:	\$
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OTHER FEES:	\$											
TOTAL FEE:	\$											
ESTIMATED COST (LABOR & MATERIALS)			MAP-BLOCK-LOT NUMBER									
PROPERTY LOCATION STREET ADDRESS												
OWNER'S NAME (AS IT APPEARS IN LAND RECORDS)												
STREET		TOWN	STATE	ZIP CODE								
HOME PHONE NUMBER	WORK PHONE NUMBER	FAX NUMBER	MOBILE PHONE NUMBER									
APPLICANT'S NAME (IF OTHER THAN OWNER)												
STREET		TOWN	STATE	ZIP CODE								
HOME PHONE NUMBER	WORK PHONE NUMBER	FAX NUMBER	MOBILE PHONE NUMBER									
GENERAL / HOME IMPROVEMENT CONTRACTOR			LICENSE NUMBER									
NAME OF SUPERVISOR AT JOB SITE			TELEPHONE NUMBER									
PURPOSE OF THIS PERMIT		NEW	ADDITION	ALTERATION	OTHER							
DESCRIPTION OF WORK												
PLEASE CHECK APPROPRIATE BOXES												
SEPTIC SYSTEM	CITY SEWER	WELL WATER	CITY WATER	OTHER								
<p>IS THE PROPERTY LOCATED WITHIN THE 100 YEAR FLOOD PLAIN? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Flood Zone Designation/Elevation <input style="width: 150px;" type="text"/></p> <p>CERTIFICATION: <input type="checkbox"/> I AM THE OWNER OF RECORD OF THE NAMED PROPERTY OR</p> <p><input type="checkbox"/> THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND/OR I HAVE BEEN AUTHORIZED TO MAKE THIS APPLICATION AS AN AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS, REGULATIONS, AND ORDINANCES. ALL INFORMATION CONTAINED WITHIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.</p>												
PRINT NAME IN INK												
SIGNATURE (IN INK) OF OWNER/AUTHORIZED AGENT			DATE									
BUILDING OFFICIAL			COMPLETED APPLICATION RECEIVED DATE									

STATE OF CONNECTICUT
WORKERS' COMPENSATION COMMISSION

Building Permit Affidavit for Property Owners or Sole Proprietors
(Conn. Gen. Stat. § 31-286b)

Property located at _____

In the town of _____

Name of building permit applicant: _____

Please check one:

1. I am the owner of the above property.
2. I am the sole proprietor of a business.

2A. Name of business _____

2B. Federal Employer Identification Number (FEIN) _____

.....
Pursuant to § 31-286b, "a property owner or sole proprietor [who] intends to act as a general contractor or principal employer" may provide either a certificate of workers' compensation insurance or a "sworn notarized affidavit... stating that he will require proof of workers' compensation insurance for all those employed on the job site in accordance with this chapter."

Please check one:

1. I do not intend to act as a general contractor or principal employer.
[Sign and stop here]

Signature of applicant

2. I intend to act as a general contractor or principal employer. Applicant must either provide a certificate of workers' compensation insurance or sign the affidavit below.

.....
Affidavit

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he/she engages in work on the above property in accordance with the Workers' Compensation Act (Chapter 568).

I understand that pursuant to § 31-275 C.G.S., officers of a corporation and partners in a partnership may elect to be excluded from coverage by filing a waiver with the appropriate District Office; and that a sole proprietor of a business is not required to have coverage unless he files his intent to accept coverage.

Signature of applicant

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

(Notary Public/ Commissioner of the Superior Court)



OFFICE OF THE BUILDING OFFICIAL

Town Of Stonington

(860) 535-5075 • Fax (860) 535 - 1023

INSTRUCTIONS APPLICATIONS FOR BUILDING PERMIT

FORM: In order to enable us to respond to your request for a Building Permit, please complete the attached form in its entirety. Applicable Code publications are available for reference in the Office of the local Building Official and at many larger public libraries.

ADDITIONAL INFORMATION REQUIRED WITH APPLICATIONS

1. ____ Zoning Approval/Permit
2. ____ Fire Marshal Approval (if required)
3. ____ Copy of Home Improvement Contractor's CT License (if applicable)
4. ____ Copy of Certificate of Insurance indicating Worker's Compensation coverage for contractor or signed and notarized waiver (if applicable)
5. ____ Existing septic system information including but not limited to location on the property, size of septic tank, location and type of leaching area.
6. ____ Two Complete sets of building plans showing:
 - a. Front, side and rear elevations
 - b. Foundation plan
 - c. Floor plan (if an alteration to existing floor plan, please provide a before and after plan)
 - d. Framing plan
 - e. Building specifications and dimensions
7. ____ Two copies of engineered septic system plan
(for new construction and septic system repairs)
8. ____ RES Check – required for new construction (in accordance with International Energy Conservation Code 2009 – effective 10/7/2011)
9. ____ All Current Town Taxes and Sewer Use Charges Paid to Date
(Town Ordinance)

FEE SCHEDULE: \$10.00/for the first \$1,000. of the estimated cost of construction;
\$8.00/\$1,000 after the first \$1,000 of estimated cost of construction.
(This does not apply to zoning permit fees)

**NOTE: SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, PLUMBING,
HEATING, WELL AND SEPTIC SYSTEMS**