

TOWN OF STONINGTON

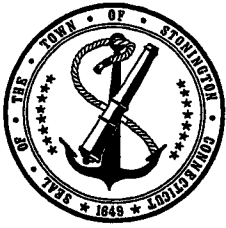
152 Elm St., Stonington, CT 06378

860-535-5075

CONNECTICUT STATE BUILDING CODE
APPLICATION FOR BUILDING PERMIT

FOR OFFICE USE ONLY

<input type="text" value="DATE"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="4">APPLICATION NUMBER:</td></tr> <tr><td>PERMIT FEE:</td><td style="width: 10%;"></td><td style="width: 10%; text-align: right;">\$</td><td style="width: 10%;"></td></tr> <tr><td>OTHER FEES:</td><td></td><td style="text-align: right;">\$</td><td></td></tr> <tr><td>TOTAL FEE:</td><td></td><td style="text-align: right;">\$</td><td></td></tr> <tr><td colspan="4">Town Taxes/Sewer Use Paid:</td></tr> </table>				APPLICATION NUMBER:				PERMIT FEE:		\$		OTHER FEES:		\$		TOTAL FEE:		\$		Town Taxes/Sewer Use Paid:			
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Town Taxes/Sewer Use Paid:																								
ESTIMATED COST (LABOR & MATERIALS)		PROPERTY LOCATION STREET ADDRESS		MAP-BLOCK-LOT NUMBER																				
OWNER'S NAME (AS IT APPEARS IN LAND RECORDS)																								
STREET		TOWN	STATE	ZIP CODE																				
HOME PHONE NUMBER	WORK PHONE NUMBER	Email Address		MOBILE PHONE NUMBER																				
APPLICANT'S NAME (IF OTHER THAN OWNER)																								
STREET		TOWN	STATE	ZIP CODE																				
WORK PHONE NUMBER	Email Address		FAX NUMBER	MOBILE PHONE NUMBER																				
GENERAL / HOME IMPROVEMENT CONTRACTOR			LICENSE NUMBER																					
NAME OF SUPERVISOR AT JOB SITE		Email Address		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																				
IS THE PROPERTY LOCATED WITHIN THE 100 YEAR FLOOD PLAIN? <input type="checkbox"/> YES <input type="checkbox"/> NO Flood Zone Designation/Elevation <input type="text"/>																								
CERTIFICATION: <input type="checkbox"/> I AM THE OWNER OF RECORD OF THE NAMED PROPERTY OR <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.																								
PRINT NAME IN INK																								
SIGNATURE (IN INK) OF OWNER/AUTHORIZED AGENT			DATE																					
BUILDING OFFICIAL			COMPLETED APPLICATION RECEIVED DATE																					



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. ___ Review/approval by Ledge Light Health District
3. ___ Fire Marshal Approval (if required)
4. ___ Copy of Home Improvement Contractor's CT License (if applicable)
5. ___ Copy of Certificate of Insurance indicating Worker's Compensation coverage for contractor or signed and notarized waiver (if applicable)
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
6. ___ RES Check – required for new construction (in accordance with International Energy Conservation Code 2012 – effective 10/1/2016)
7. ___ All Current Town Taxes and Sewer Use Charges Paid to Date (Town Ordinance)

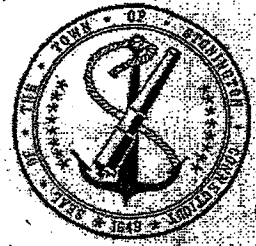
FEE SCHEDULE: \$10.00/for the first \$1,000. of the estimated cost of construction;
\$8.00/\$1,000 after the first \$1,000 of estimated cost of construction.

(This does not apply to zoning permit fees)

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

TOWN OF STONINGTON

Department of Planning
152 Elm Street
Stonington, Connecticut 06378
(860) 535-5095 • Fax (860) 535-1023



CERTIFICATE OF ACTIVITY COMPLIANCE WITH THE STONINGTON ZONING REGULATIONS

Applicant Name: _____
Contact Number: _____
Property Owner: _____
Project Location: _____
Map/Block/Lot: _____
Date: _____
Proposed Project: _____

The proposed building permit application involves activity that will not alter the use of the building, the footprint or floor area of the building, the number of bedrooms in the building, the number of dwelling units in the building, or the use of the property. I certify that the above information is true and that I have been authorized to sign on behalf of the property owner.

Applicant's Signature

The proposed project complies with the Zoning Regulations of the Town of Stonington and a Building Permit may be applied for. This approval is limited to the proposed project's compliance with the Zoning Regulations of the Town of Stonington, for the type(s) of projects listed above and may not be substituted for any dissimilar projects. This certification is not a valid Zoning Permit or Certificate of a property's zoning compliance.

Property Located in a Flood Zone: Yes: No:

Approved by:

Candace L. Palmer, CZEO
Zoning Enforcement Official

DATED

- ◆ THIS APPROVAL IS NOT VALID UNLESS SIGNED BY THE ZONING ENFORCEMENT OFFICIAL.
- ◆ IF THIS PROPERTY IS LOCATED IN A FLOOD ZONE, ALL IMPROVEMENTS COUNT TOWARDS SUBSTANTIAL IMPROVEMENT.
- ◆ THIS APPROVAL IS VALID FOR A PERIOD OF ONE (1) YEAR.

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)