

DATE REC'D: _____

TOWN OF STAFFORD, CT

Building / Zoning Permit (on reverse)

Town Hall, 1 Main Street
Stafford Springs, CT 06076
860-684-1775/ 684-1793
FAX: 860-684-1768

BUILDING PERMIT # _____ ENTERED **ZONING PERMIT REQUIRED?** YES or NO

TOTAL VALUE - Contracted Price of Labor & Materials \$ _____ **Fee:** \$ _____ **Paid:** _____

Complete Address of Job:		MAP/LOT:
Property Owner:	Address (if different):	Home / Cell Telephone:
Contractor/Applicant:	Contractor's Complete Mailing Address:	Contractor Office Telephone:
Contractor's License:	___ Copy of License ___ Copy Liability Insurance rec'd License Exp. Date: _____	Contractor Alternate Phone:

HEALTH DISTRICT PERMIT REQUIRED? YES or NO Public Water / Public Sewer
North Central District Health Department B-100 Rec'd YES or NO Date Rec'd: _____

PROPOSED BUILDING ACTIVITY:

___ Residential ___ Commercial ___ Industrial ___ Public Use ___ Municipality ___ Demolition ___ Other _____

DOCUMENTS SUBMITTED: ___ Building Plans ___ Plot Plans ___ Heat Loss/Gain ___ RESCHECK/COMCHECK

DESCRIPTION OF PROPOSED PROJECT:

Category:	Construction Type:	Foundation:	Roofing:	Interior:	Garage:
___ Single Family	___ New Structure _____ Sq Ft	___ Whole ___ Part	___ Asphalt	___ Finished Basement	___ Attached:
___ Two Family	___ Addition _____ Sq Ft	___ Slab ___ None	___ Wood shingle	___ Bonus Room	___ x
___ Multi Family	___ Renovation _____ Sq Ft	Siding:	___ Slate	___ Central Air	___ Detached:
___ Accessory	___ Demolition _____ Sq Ft	___ Clapboard	_____	# Rooms _____	___ x
___ Commercial	___ Stories/Height _____	___ Vinyl	# of squares _____	# Bedrooms _____	<input type="checkbox"/> Electrical
___ Agricultural		___ Masonry	Sq Ft of roofing _____	# Bathrooms _____	<input type="checkbox"/> Plumbing
		Sq Ft of siding _____		Insulation _____	<input type="checkbox"/> Heating
				Ceiling _____	

Must conform to: ___ Residential Code (IRC) ___ Commercial Code (IBC) **TAXES PAID?** YES or NO

PERMIT APPROVAL: **WPCA?** N/A **FEES PAID?** YES or NO

Building Official: _____ **Date:** _____

All work covered by this application has been authorized by the owner or agent of this property and will be done according to all State and Federal regulations. This permit will lapse/ expire if work does not commence within six months and is not continuously worked on. I hereby acknowledge that this permit requires inspections from Town Officials. This permit, if issued, is based upon the plot plan submitted. Falsification by misrepresentation or failure to comply with the conditions of approval of this permit shall constitute a violation of the Town of Stafford Zoning and Building Regulations. Agents of the Town of Stafford are authorized to enter upon the property for the purpose of inspection and verification of compliance with the terms of this permit.

I understand that it is my responsibility to call for required inspections.

Owner or Agent Signature: _____ **Date:** _____

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Zoning Permit

ZONING PERMIT # _____ ENTERED Fee: \$ _____ Paid: _____

Zoning permits are required for any improvement on a property this includes, but is not limited to: sheds, barns, garages, decks, additions, AG & IG pools, fences six feet and taller, signs, parking lots.

Complete Address of Job: _____		
Property Owner: _____	Address (if different): _____	Home / Cell Telephone: _____

Zone: _____ Map #: _____ Lot #: _____ Flood Zone: _____ Map #: _____
 Public hearing? YES or NO Date: _____ ZBA Variance granted? YES or NO Date: _____
 Inlands/Wetlands Application? YES or NO Date: _____

DESCRIPTION OF PROPOSED PROJECT: *(Complete site plan must accompany application)*

SITE PLAN

*Please indicate existing structures, driveway, proposed structure, additions and abutting streets.
 Clearly mark all distances from proposed structures to the property lines.
 Indicate location of well and septic system.*

Alternate Zoning Purpose:

- Change of Use Signage
 Temporary Event Logging
 Other _____

SPECIAL CONDITIONS:

Owner or Agent Signature: _____ Date: _____
 Zoning Enforcement Officer Approval: _____ Date: _____

INLAND & WETLAND COMMISSION	Are wetlands present within the boundaries of the proposed structure or use? YES or NO IWWC permit? YES or NO Date of Approval: _____ Fees paid? YES or NO	IWWC Agent signature _____
WATER POLLUTION CONTROL	Is connection to Town Sewer required? YES or NO Is additional annual fee required for extension? YES or NO	WPCA Agent signature _____
NORTH CENTRAL HEALTH DISTRICT	Is a private septic system required? YES or NO Date of Approval: _____ Fees paid? YES or NO	NCDHD Agent signature _____
PUBLIC WORKS	Driveway permit #: _____ Bond Required? YES or NO Bond Rec'd? YES or NO	DPW Agent signature _____

DATE REC'D: _____

ENTERED

TOWN OF STAFFORD, CT

Town Hall, 1 Main Street
Stafford Springs, CT 06076
860-684-1775
FAX: 860-684-1768

Mechanical Permit

PERMIT # _____

Electrical Plumbing Heating/HVAC

TOTAL VALUE - Contracted Price of Labor & Materials \$ _____ Fee: \$ _____ Paid: _____

Complete Address of Job: _____		MAP/LOT: _____
Property Owner:	Address (if different):	Home / Cell Telephone: _____
Contractor/Applicant:	Contractor's Complete Mailing Address:	Contractor Office Telephone: _____
Contractor's CT License:	____ Copy of License ____ Copy Liability Insurance rec'd License Exp. Date: _____	Contractor Alternate Phone: _____

DESCRIPTION OF PROJECT: _____

New Construction Alteration Addition Repair Demolition Other _____

<u>ELECTRICAL:</u>		<u>PLUMBING:</u>	<u>HEATING / MECHANICAL:</u>
<u>PANELS:</u>	<u>CAPACITY/AMPS</u>	<u>NUMBER OF FIXTURES:</u>	<i>NOTE: Installation other than EXACT BTU replacement requires heat loss/gain report</i>
____ Main	_____	____ Sinks	<u>BOILER / FURNACE:</u>
____ Sub	_____	____ Bath tubs	Make _____
<u>ITEM:</u>	<u>QUANTITY:</u>	____ Showers	Model _____
____ Switches	_____	____ Jacuzzi / Spa	Net BTUH _____
____ Ceiling Outlets	_____	____ Toilet / Bidet	<u>BURNER:</u>
____ Light Outlets	_____	____ Washing Machine / Sink	Make _____
____ Switch Outlets	_____	____ Garbage Disposal	Model _____
____ GFI Outlets	_____	<u>WATER CONDITIONER:</u> YES or NO	GPH _____
____ Smoke Detectors	_____	<u>WATER HEATER:</u>	<u>TANK:</u>
<u>WIRE:</u>		Size of Tank _____	Location _____
____ Main ____ Size ____ Kind		Size of Boiler _____	Size _____
____ Sub ____ Size ____ Kind		NOTES: _____	Fill/Vent Sizes _____
<u>CONDUIT:</u>			
____ Size ____ Kind			

Must conform to: Residential Code (IRC) Commercial Code (IBC)

TAXES PAID? YES or NO

Building Official Comments: _____

WPCA? N/A

FEES PAID? YES or NO

Building Official Approval: _____ Date: _____

WPCA Official Approval: _____ Date: _____

All work covered by this application has been authorized by the owner or agent of this property and will be done according to all State and Federal regulations. This permit will lapse/expire if work does not commence within six months and is not continuously worked on. I hereby acknowledge that this permit requires inspections from Town Officials. This permit, if issued, is based upon the plot plan submitted. Falsification by misrepresentation or failure to comply with the conditions of approval of this permit shall constitute a violation of the Town of Stafford Zoning and Building Regulations. Agents of the Town of Stafford are authorized to enter upon the property for the purpose of inspection and verification of compliance with the terms of this permit.

I understand that it is my responsibility to call for the required inspections

Owner / Agent Signature _____ Date: _____

North Central District Health Department

P. O. Box 1222, ENFIELD, CONNECTICUT 06083

Enfield Office (860) 745-0383 Fax 745-3188
 Vernon Office (860) 872-1501 Fax 872-1531
 Windham Office (860) 465-3033 Fax 465-3032
 Stafford Office (860) 684-5609 Fax 684-1768

Office Use	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<input type="checkbox"/> File Review Only (Fee: \$50.00)	
<input type="checkbox"/> Site inspection and/or soil test (Fee: \$150.00)	

Application No. _____

APPLICATION FOR:
 BUILDING ADDITIONS, CONVERSIONS OR CHANGE OF USE
 ACCESSORY STRUCTURE AND POOLS

Town: _____ Date: _____

Address: _____

Owner: _____ E-mail: _____ Phone No. _____

Contractor: _____ E-mail: _____ Phone No. _____

Property is serviced by: **Septic System** **Well** **Public Sewer** **Public Water Supply**

Description of Proposed Building Addition, Conversion, Change of Use, Accessory Structure or Pool: _____

Submit the following information with this application:

- Site Plan** with required data (Existing structures; proposed addition, deck, pool or shed; well location; septic tank location; and septic leach field location.)
- Current septic pumper's report** (within 6-12 months)
- Provide a **septic as-built**, if available.

Signature of Applicant Date: _____

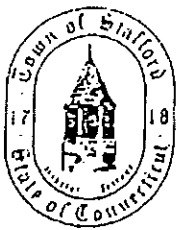
This application must be accompanied by a check payable to NCDHD for the appropriate fee when applicable.

SEPARATING DISTANCES	
Above Ground Pool	10 feet to any part of sanitary system and/or well
In-Ground Pool	25 feet to any part of sanitary system and/or well
Deck on Piers	5 feet to any part of sanitary system and/or well
Additions	15-25 feet to any part of sanitary system and/or well
Accessory Structure without footing drains	10 feet to any part of sanitary system and/or well

(Please see reverse side)

8/19/10

SERVING THE TOWNS OF: EAST WINDSOR * ELLINGTON * ENFIELD * STAFFORD * SUFFIELD * VERNON * WINDHAM * WINDSOR LOCKS



Application #

Water Pollution Control Authority
50 River Road, Stafford Springs, CT 06076
Phone: (860) 684-4914 Fax: 860) 684-1181

Office Use Only

() Approved () Denied
() Application Fee \$0.00

Application For:

Building Additions, Conversions, Change of Use, Accessory Structures or Pools

To be Filled Out by PROPERTY OWNER

Owner: _____

Permanent Address of Owner: _____

Email of Owner: _____

Owner Phone: _____

Location of property work to be performed. (House/Lot) _____

Property Serviced By: Sewer () Well () Public Water ()

Type of Use: Residential: One Family (), 2 Family (), 3 Family (), 4 + ()

Commercial () Industrial ()

Description of Proposed Change _____

The undersigned agrees to abide by all provisions of laws, ordinances, and rules and regulations pertaining to WPCA sewers which are now in force or may be adopted in the future, to maintain the building sewer at no expense to the Town, and to notify the Authority when the building sewer is ready for inspection and connection to the public sewer, but before any portion of the work is covered. Plans and specifications of the proposed building sewer are attached hereunto as Exhibit "A" (Refer to regulations for sets required).

Owner Signature: _____

Date: _____

To be Filled Out by CONTRACTOR

Contractor Name: _____

Contractor Company: _____

Business Address of Contractor: _____

Business Email of Contractor: _____

Contractor Phone: _____

License No: _____

Contractor's statement: I have thoroughly investigated the existing plumbing at this location and have disconnected and properly diverted all roof drains, yard drains, cellar drains, cooling water or other unauthorized connections to the sewer. I further certify that any necessary plumbing installation has been installed and does comply to the applicable codes of the Town of Stafford and the State of Connecticut.

Contractor Signature: _____

Date: _____

WPCF Superintendent: _____

Date: _____

**TOWN of STAFFORD
BUILDING DEPARTMENT**

Swimming Pool Code Requirements: *(The below list is not all inclusive; please refer to swimming pool packet.)*

Property Location: _____ **Permit #** _____

(Ask the attendant to copy these pages for you after signing affidavit)

- A 48-inch high barrier will be provided to protect the pool from access. Provide a temporary 48-inch high fence/barrier for an in-ground pool prior to excavation including backfilling around pool wall.
- 48-inch high Access pedestrian gate(s) shall be self-closing and self-latching. Where the release mechanism of the self-latching device is located less than 54-inches from the bottom of the gate measure (on pool side of gate) (attach device) 3-inches below top of the gate. The pedestrian gate and barrier shall have no opening larger than ½-inch within 18-inches of the release mechanism.
- Door(s) providing direct access through the wall (level with top of pool) to the pool shall be equipped with an audible warning when the door and/or its screen door, if present, are opened. The deactivation switch(es) shall be located at least 54-inches above the threshold of the door(s).
- Receptacles (single, locking, grounded having GFCI protection) that provide power for water-pump motors shall be located at least 10-feet from the inside walls of the pool, or not less than 6-feet from the inside walls of the pool.
- All metal part of the pool structure, and all fixed metal parts, including conduct and piping, metal door frames shall be bonded with a minimum #8 solid copper wire or larger; all within 5-feet of the pool walls and not separated by a permanent barrier.
- Convenient exterior GFCI receptacles shall be provided no closer to pool walls than 6-feet or further away than 20-feet.
- Trench depth to pool equipment for GFCI protected 12 AMP to 20 AMP conductors in metallic or nonmetallic conduit is 12-inches.
- A surface pool alarm (floating or wall attached) shall be installed pursuant to CGS Chapter 541, Section 29-265a.
- Swimming pool pumps shall be equipped with time switches; exception - where pumps are required to operate solar-waste-heat-recovery heating systems.
- Heated pool covers shall be provided with a vapor-retardant cover; exception – pools deriving over 70 (70%) percent of the energy for heating from site-recovered energy heat pump or solar energy source computed over an operating season.

Required Swimming Pool Inspections

The following is a list of inspections that are required to be performed prior to the continuation of each phase of work.

Requests for inspections can be made by calling the Building Department at

(860) 684-1775 or Email at: mitta@staffordct.org

Trench and Bonding – Trench depth for electrical conduit (with or without conductors); bottom layer of trench to be sand plus warming tape (available for inspection). Bonding of conductive metal equipment and parts, i.e. wet-niche fixture(s), reinforcing steel, and perimeter bonding element.

Electrical Final – Location of circulation equipment with bonding; convenience outlet(s) provided and any pool lighting.

Pool Final – Swimming pool access – stairs with locking overlay to be protected with 48-inch fence with outward swinging gate that is self-latching with or without an attached pool deck – shall be provided before pool can be used.

***Each Swimming Pool installation
Requires a Building and Electrical Permit.***

***Additional permits and inspections are required for above-ground or in-ground
pools with direct access from residence to the pool.***

~~~~~

*I have read and understand the  
Requirements listed above.*

**Applicant Signature:** \_\_\_\_\_ . **Date:** \_\_\_\_\_, 20

**Homeowner Signature:** \_\_\_\_\_ . **Date:** \_\_\_\_\_, 20

**TOWN of STAFFORD  
BUILDING DEPARTMENT**

**BARRIER Code COMPLIANCE Affidavit**

**Above Ground**  **In-Ground Pool**  *to be installed by:*

\_\_\_\_\_, Owner \_\_\_\_\_, Contractor \_\_\_\_\_  
*Pool Manufacturer's Brand*

**Installation Address of Pool:** \_\_\_\_\_

**Property Owner's name:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_, 20  
*Please Print*

**Owner/Applicant: *Please Initial Appropriate Items noted below:***

- » \_\_\_\_\_ *I/We* have been made aware of and will meet the pool barrier requirements.
- » \_\_\_\_\_ *I/We* shall meet the pool barrier requirements by using one of the following barrier alternatives:
  - » \_\_\_\_\_ The pool access shall have a 4-foot fence or enclosure with a self-closing and self-latching mechanism and opens outward away from the pool as required by the State Building Code between the pool and the residence.
  - » \_\_\_\_\_ The pool's fence, if choice of material is chain link, shall be a 2-1/4" square, unless the fence has slats fastened at the top or the bottom which reduce the openings to not more than 1-3/4-inches.
  - » \_\_\_\_\_ The wall of the dwelling serving as part of the barrier, the pool shall be equipped with a powered safety cover and key-operated which complies with ASTM F 1346-91 (2003). The dwelling wall door with direct access to the pool shall be equipped with an alarm when the door and/or its screen, if present, are opened. The deactivation switch(es) shall be located at least 54-inches above the threshold of the door.

(Over to Page 2.)



- » \_\_\_\_\_ **I/We** will call for an inspection of the pool barrier with safety gate(s) prior to any pool water placed in the pool with a depth not over twenty-four (24) inches.
  
- » \_\_\_\_\_ **I/We** shall agree to have our fence/pool contractor erect a compliant temporary enclosure prior to the electrical bonding inspection of an in-ground swimming pool unless the permanent barrier is in place prior to the commencement of the excavation/installation.

**Signature of Property Owner(s):** \_\_\_\_\_

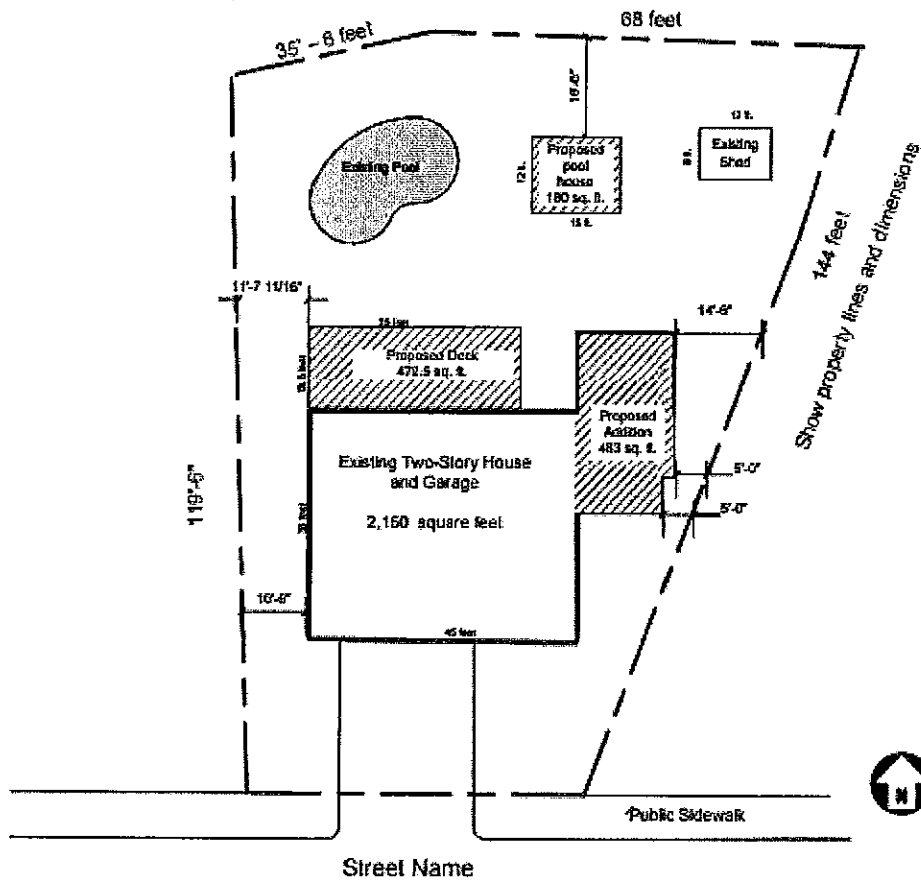
**Date:** \_\_\_\_\_, **20** \_\_\_\_\_

**Signature of Contractor:** \_\_\_\_\_, **20** \_\_\_\_\_

***Note:** A copy of this affidavit shall be returned with the approved permit(s). Please, Keep a copy for your records.*

\* Site plan MUST indicate well and septic if applicable

### Site Plan Example



Property Owner Name:  
 Project Address:  
 Assessor Parcel Number:  
 Lot size: 10,714 square feet

Description of proposed work:  
 Addition to house (den) = 483 square feet  
 New deck = 472.5 square feet  
 New pool house = 180 square feet