

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:	<input type="checkbox"/> Copy of License <input type="checkbox"/> 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:

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

DATE REC'D: _____

TOWN OF STAFFORD, CT

Zoning Permit

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

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)

<p>SITE PLAN</p> <p>Please indicate existing structures, driveway, proposed structure, additions and abutting streets. <u>Clearly mark all distances from proposed structures to the property lines.</u> Indicate location of well and septic system.</p>
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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

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: _____

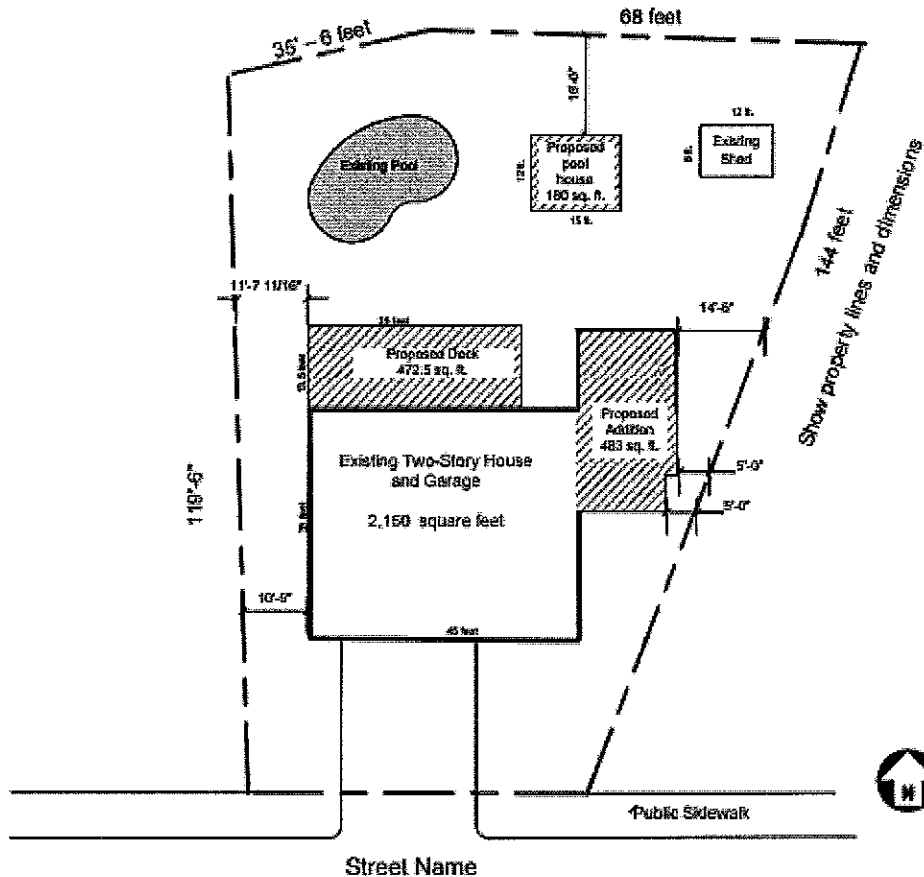
Date: _____

WPCF Superintendent: _____

Date: _____

* 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
 Manual room = 480 square feet