



**City of Danbury**  
155 Deer Hill Ave  
Danbury, CT 06810

For Questions Please Contact the Permit Office at (203) 796-1653

Application # \_\_\_\_\_

**DETACHED GARAGE APPLICATION**

Use the following Table for departmental areas of the Application that need to be completed for your specific project.

**\*\*\*\*\*Required Responsible Departments\*\*\*\*\***

Type of Project	Engineering	Septic	Grading	Zoning	Building
Detached Garage	Yes, if Utilities are being added	*	Possible (inquire)	Yes	Yes

\* One or the other or combination using sewer and water (Engineering) septic or well (Health)  
*Table to be used as a guide only. Department can require permit at their discretion.*

Certain permits will require different types of map and drawings to accompany their submission. The following is a list of Plan requirements by Permits.

Type of Projects	Engineering	Septic	Grading	Zoning	Building
Detached Garages	None	Sub-Surface Disposal Plan	Sub-Surface Disposal Plan	A-2 Survey showing existing structures and proposed Structure	2 copies of Building Plans

**NOTE:**

- All Structures will require Certificates of Approval
- All Structures larger than 200 sq.ft. will require a building permit .
- Foundations will be required for structures 600 sq.ft and up. (w/exceptions)
- All Structures cannot exceed 15' in height.

Assessors lot #: \_\_\_\_\_ Zone Code: \_\_\_\_\_ Application Date: \_\_\_\_\_

Town Clerk Map #: \_\_\_\_\_ Town Clerk Lot #: \_\_\_\_\_

Property Address: \_\_\_\_\_

Total Estimated Construction Value: \_\_\_\_\_

Tenant Number/Name: \_\_\_\_\_

Work Description:

**PROJECT ROSTER**

*Please list the following information for all Professionals and Contractors: NAME, LICENSE NO., COMPANY, TELEPHONE, FAX, or E-MAIL.*

General Contractor / Construction Manager: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Property Owner \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_ License # \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_ License # \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mechanical/HVAC Contractor: \_\_\_\_\_ License # \_\_\_\_\_

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



The conditions of the issuance for this permit are that every person acting under that same shall at all time, and in every respect, carefully and truly observe the rules, regulations and specifications required in the Ordinance of the City of Danbury.

**Do NOT enter an unprotected trench!**

Each employee in a trench shall be protected from a cave-in by an adequate protective system. **U.S. Department of Labor Occupational Safety & Health Administration CPL 02-00-087 - CPL 2.87 - Inspection Procedures for Enforcing the Excavation Standard, 29 CFR 1926, Subpart P**

- Supported by a trench box to protect workers in a trench.



**Additionally, excavated or other materials must be at least 2 feet back from the edge of a trench; and A safe means of egress shall be provided within 25 feet of workers in a trench.**

**NOTE:**

1. Authorization is required from the City Forester if any trees located on City property are to be removed or disturbed by proposed construction.
2. Permittee shall notify the Police and Fire Department of any expected traffic interference and or layout of any detour. The Police Department will be the sole judge of the need for protection.
3. Call before you dig request number must be obtained before permit can be issued. **1-800-922-4455**

Request #

**BUILDING INFO:** *Please see Sheet C for Conditions for Permit and Inspection Order*

**\*Please complete attached Workman’s Compensation Form**

Footing Widths: \_\_\_\_\_ Footing Thickness: \_\_\_\_\_

Foundation Walls Depth \_\_\_\_\_ Foundation Walls Thickness: \_\_\_\_\_

Footing Material: \_\_\_\_\_ Foundation Wall Material \_\_\_\_\_

Interior Wall Finish: \_\_\_\_\_ Interior Wall Thickness: \_\_\_\_\_

Insulation Type: \_\_\_\_\_ Insulation R Value Walls: \_\_\_\_\_

Insulation R Value Floor: \_\_\_\_\_ Insulation R Value Ceiling: \_\_\_\_\_

Type of Ceiling: \_\_\_\_\_ Floors \_\_\_\_\_ Sill Size \_\_\_\_\_

Floor Joist Size \_\_\_\_\_ Lally Columns: \_\_\_\_\_ Plate Size \_\_\_\_\_

Ceiling Joist Size \_\_\_\_\_ Roof rafters Size \_\_\_\_\_ Type of Heat \_\_\_\_\_

# of Chimneys \_\_\_\_\_ Flue Size: \_\_\_\_\_ Roof Type (Hip, Shed, Etc.): \_\_\_\_\_

Roof Pitch: \_\_\_\_\_ Roof Covering: \_\_\_\_\_ Finished Basement Height: \_\_\_\_\_

Height of 1<sup>st</sup> Floor: \_\_\_\_\_ 2<sup>nd</sup> Floor: \_\_\_\_\_ 3<sup>rd</sup> Floor: \_\_\_\_\_ 4<sup>th</sup> Floor: \_\_\_\_\_

**Building Officials Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# CONNECTICUT HOMEOWNERS' WORKERS' COMPENSATION INSURANCE AFFIDAVIT

**DATE:** \_\_\_\_\_

**HOMEOWNER(S) NAME** \_\_\_\_\_

**PROPERTY LOCATED AT:** \_\_\_\_\_

**IN THE CITY OF DANBURY**

**I, \_\_\_\_\_, THE OWNER OF THE ABOVE DESCRIBED PROPERTY  
HEREBY SWEAR AND ATTEST THAT I WILL REQUIRE PROOF OF WORKERS' COMPENSATION  
INSURANCE FROM EACH AND EVERY SUBCONTRACTOR OR OTHER WORKER BEFORE HE/SHE  
ENGAGES IN WORK ON MY PROPERTY.**

**I UNDERSTAND THAT EVERY PERSON EMPLOYED OR ENGAGED TO PERFORM SERVICES ON THE  
CONSTRUCTION SITE (INCLUDING SOLE PROPRIETORS, INDEPENDENT CONTRACTORS AND  
BOTH OWNERS AND EMPLOYEES OF SUBCONTRACTING COMPANIES), ARE REQUIRED TO HAVE  
WORKERS' COMPENSATION INSURANCE.**

\_\_\_\_\_  
**(Signed)**

\_\_\_\_\_  
**(Date)**

## **OATH**

\_\_\_\_\_  
**(NOTARY, COMMISSIONER OF SUPERIOR COURT,  
JUSTICE OF THE PEACE)**

**“Subscribed and sworn to before me  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_”**

**DATE COMMISSION EXPIRES:** \_\_\_\_\_



# CONNECTICUT WORKERS' COMPENSATION INSURANCE AFFIDAVIT

## FOR PROPERTY OWNERS OR SOLE PROPRIETORS

DATE: \_\_\_\_\_

PROPERTY OWNER(S) NAME \_\_\_\_\_

OR

SOLE PROPRIETOR \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

IN THE CITY OF DANBURY

I, \_\_\_\_\_, THE OWNER OF THE ABOVE DESCRIBED PROPERTY OR A SOLE PROPRIETOR, HEREBY SWEAR AND ATTEST THAT I WILL REQUIRE PROOF OF WORKERS' COMPENSATION INSURANCE FROM EACH AND EVERY CONTRACTOR, SUBCONTRACTOR OR OTHER WORKER BEFORE HE/SHE ENGAGES IN WORK ON THE ABOVE DESCRIBED PROPERTY IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 568.

I UNDERSTAND THAT PURSUANT TO §31-275 OF THE CONNECTICUT GENERAL STATUTES, OFFICERS OF A CORPORATION AND PARTNERS IN A BUSINESS MAY ELECT TO BE EXCLUDED FROM COVERAGE BY FILING A WAIVER IN ACCORDANCE WITH §31-275, AND THAT SOLE PROPRIETORS ARE NOT REQUIRED TO HAVE COVERAGE, UNLESS THEY FILE THEIR INTENT TO ACCEPT COVERAGE PURSUANT TO §31-275.

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Date)

### OATH

\_\_\_\_\_  
(NOTARY, COMMISSIONER OF SUPERIOR COURT,  
JUSTICE OF THE PEACE)

“Subscribed and sworn to before me  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_”

DATE COMMISSION EXPIRES: \_\_\_\_\_