



City of Danbury
155 Deer Hill Ave
Danbury, CT 06810

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

Application # _____

**APPLICATION FOR RESIDENTIAL SINGLE FAMILY
NEW CONSTRUCTION**

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/Well (Health)	Grading (Health)	Zoning	Highway	Building
New Construction One Family	*	*	Yes	Yes	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. Departments 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.

Type of Project	Engineering	Septic/Well	Grading	Zoning	Highway	Building
New Construction One Family	None	Septic Plan, State Well Application	Sub-surface Disposal Plan	Subdivision Map, Site Plan and Building Profiles	Site plan Show site lines	2 copies of Building Plans

Table to be used as a guide only. Departments may require further information based on Applications needs.

Assessor's lot #: _____ Town Clerk Map #: _____ Town Clerk Lot #: _____

Property Address: _____

Zone Code: _____ Application Date: _____

Total Estimated Construction Value: _____

Total Square Footage: _____ Private or Public Building: _____

Work Description:

This Section to be filled out by City Personnel Only!

Code Enforcement Actions Pending? YES NO Describe: _____

Taxes, Water or Sewer Overdue? YES NO Describe: _____

Application # Assigned? _____

STRUCTURE INFORMATION

Structure Description: _____

Construction Type: _____ Occupancy Type (Use Group): _____

Roof Type: _____ Temporary Power On Flag: _____ Date: _____

PROJECT ROSTER:

Please list the following information for all Professionals and Contractors:

NAME, LICENSE NO., COMPANY, TELEPHONE, FAX, E-MAIL. ***Licenses are required to be presented at Counter.**

Owner's Agent (letter required from home owner permitting agent to represent them)

General Contractor / Construction Manager: Name: _____

Address: _____

Signature: _____ Phone #: _____ Fax #: _____

Property Owner: _____

Signature: _____ Phone #: _____ Fax #: _____

Engineer: _____ License #: _____

Signature: _____ Phone #: _____ Fax #: _____

Electrical Contractor: _____ License #: _____

Signature: _____ Phone #: _____ Fax #: _____

Plumbing Contractor: _____ License #: _____

Signature: _____ Phone #: _____ Fax #: _____

Mechanical/HVAC Contractor: _____ License #: _____

Signature: _____ Phone #: _____ Fax #: _____

Sprinkler Contractor: _____ License #: _____

Signature: _____ Phone #: _____ Fax #: _____

Fire Alarm Contractor: _____ License #: _____

Signature: _____ Phone #: _____ Fax #: _____

I, the undersigned, a licensed Subsurface Sewage Disposal System (SSDS) Installer by the State of Connecticut (CT) apply for a Permit to Construct a SSDS, as an authorized agent of the owner, at the above address. I shall adhere to all CT Public Health Codes including Sec. 19-13-B103a to B103f as well as the General Statutes of Ct. Sections. 20-341r and the City of Danbury Code of Ordinances as amended.

Septic System Installer: _____ License #: _____

Signature: _____ Phone #: _____ Fax #: _____

Well Driller: _____ License #: _____

Signature: _____ Phone #: _____ Fax #: _____

Sewer Service Installer (Plumber): _____ License #: _____

Signature: _____ Phone #: _____ Fax #: _____

Water Service Installer (Plumber): _____ License #: _____

Signature: _____ Phone #: _____ Fax #: _____

ZONING INFO: *See Sheet D for Zoning Requirements*

Is project located in a Wetland or Watershed area? (Yes) (No)

If yes explain: _____

Any Previous Commission Approvals? (Yes) (No)

If Yes give approval number, date then describe: _____

Origin of lot: Name of Subdivision: _____

Height of Bldg. & Stories: _____ Size of addition or structure (L*W) & (sq.ft.): _____

Accessory Building (L-W-H): _____ Enclosed Deck (L-W): _____

Open Deck Size (L-W): _____ Building Coverage (sq.ft.): _____

Lot Size (sq.ft.): _____ Total Site Building Coverage sq.ft.): _____

Front Yard Setbacks: _____ Side Yard Setbacks: _____, _____ Rear Yard Setbacks: _____

1 Car Garage Attached: _____ 2 Car Garage Attached: _____ 3+ Car Garage Attached: _____

1 Car Garage Detached: _____ 2 Car Garage Attached: _____ 3+ Car Garage Detached: _____

HEALTH DEPT INFO: SEWAGE APPLICATION:

Please see Sheet E for separating distance and other requirements

TYPE OF WORK: NEW INSTALLATION REPAIR ABANDONMENT

Depth of Ground Water: _____ Ledge: _____

Percolation Rate: _____ M.L.S.S.: _____

Septic tank Capacity: _____ (gallon tank) Pump Chamber: _____

** All electric work requires a separate permit from the Building Department.*

Absorption Area: Required area: _____ sq.ft. Select Fill Required? (Yes) (No)

Curtain Drain/Swale: (Yes) (No) Location of Septic System: _____ Well: _____

BUILDING ADDITION OR INTERIOR ALTERATION:

Please indicate if property has any one of the following: (Pond, River, Stream, Pool or any other notable variations in terrain): _____

Public Water available: (Yes) (No) Public Sewer available: (Yes) (No)

Existing structure served by: (Well) (Septic System) (Sewer) (Community Well)

Total number of existing Bedrooms: _____

Total Number of Existing Rooms Excluding Bedrooms: _____

Number of New Rooms Proposed: _____ Number of New Bedrooms Proposed: _____

Signature of Approval: _____ **Date:** _____

Water Info:

If meter pit is required please contact Public Utilities office prior to service line installation.

List total # of Fixtures proposed & existing:

Fixtures	Fixture Value		Total # of Fixtures		Total Fixture Value
Bathtubs	8	X		=	
Kitchen Sink – 3/8" connect	3	X		=	
Bathroom sink-3/8" connect	2	X		=	
Shower Stalls	4	X		=	
Toilet – tank type (residential	3	X		=	
Dishwasher – 1/2" connect	5	X		=	
Dishwasher – 3/4" connect	10	X		=	
Washing machine – 1/2" connect	5	X		=	
Hose Connection (wash down) – 1/2" connection	6	X		=	
Hose connection (wash down) – 3/4" connection	10	X		=	
List other uses:		X		=	
		X		=	

Fixture Value Total: _____

Approved Sizes:

Corporation: _____ in.
 Curd valve: _____ in
 Service line: _____ in.
 Meter: _____ in.

Required:

Water Meter Pit: (Yes) (No)
 Detector Check: (Yes) (No)
 Meter Pit: (Yes) (No)

Water Reduced Pressure Devices: _____ Fire Service Detector Check/Valve: _____

Cross Connection & Meter Size Section. Please check Yes or No:

1. Is your boiler treated with any type of solution? (Yes) (No)
2. Do you have any water cooled machinery? (Yes) (No)
3. Do you have any water cooled air-conditioning units? (Yes) (No)
4. Are there any pumps connected to water lines or your internal plumbing? (Yes) (No)
5. Is your premises also connected to a private source of water? (Yes) (No)
6. Do you have a water storage tank? (Yes) (No)
7. Do you have a solar collector? (Yes) (No)

Sewer Info:

Length of service: _____ Size of service: _____

HIGHWAY INFO:

Nature of Work: Water Sewer Gas Electric Drainage
 Telephone Sidewalk Driveway Other_____

Purpose of Activity:_____

Size of Work Area:_____

- Fill in the following table to estimate bond amount.
- All estimates are subject to revision based on site conditions.
- List is not all-inclusive and is to be used as a guide only. Bond amounts can be added or revoked at the discretion of the Superintendent of Highways

Type of Activity	Unit price	# of Units	Total Price
Concrete Sidewalk	\$7.00 square foot		
Concrete Apron	\$8.50 square foot		
Concrete Curbing	\$16.00 linear foot		
Excavation in Road	\$45.00 linear foot		
Granite Curbing	\$25.00 linear foot		
Overlay of Road	\$45.00 linear foot		
Tie into Catch basin	\$1000.00 per		
New structure (ex. Catch basin, Manhole)	\$1000.00 each		
Asphalt curbing and Backfill	\$6.00 linear foot		
TOTAL AMOUNT OF BOND	>>>>>>>>>>>>	>>>>>>>	\$

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 _____

Exterior Wall finish: _____ Exterior Wall Thickness: _____

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 1st Floor: _____ 2nd Floor: _____ 3rd Floor: _____ 4th Floor: _____

Building Inspectors Signature: _____ ***Date:*** _____



**CITY OF DANBURY
155 DEER HILL AVENUE
DANBURY, CONNECTICUT 06810**

**BUILDING DEPARTMENT
(203) 797-4580**

**LEO P. NULL
BUILDING OFFICIAL**

ATTENTION

**Building Inspections which result in a failure may incur an additional
\$25.00 fee for each reinspection.**

Sec.6-02(a) (2) of the Code of Ordinances, Danbury, Connecticut

“Additional inspections shall be performed for an additional fee of Twenty Five Dollars (\$25.00) per inspection. Each separate trip to the site shall be deemed to be a separate inspection. Such additional fees shall be due and payable prior to the issuance of a certificate of occupancy.”

As of January 23, 2002 the Building Department of the City of Danbury will be strictly enforcing the above referenced section.

Owner/Agent 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: _____