Est. Cost $_____

GENERAL LAND USE CHECKLIST
TOWN OF WILTON, CONNECTICUT

HI# _____ Exp Date _____

Property Address	Parcel #	* **Tax Collector Approval**	**Date**

Applicant's Name	Applicant's Address	Phone #	**Year Built (verified)**
Property Owner's Name	Address	Phone #	Site Phone #

Description of Proposed Work: _____

_____

_____

TO AVOID UNNECESSARY DELAYS, THE APPLICANT SHALL OBTAIN APPROVALS IN THE ORDER SHOWN BELOW, UNLESS OTHERWISE DIRECTED. THE APPLICANT SHALL BE RESPONSIBLE FOR PROVIDING ANY INFORMATION REQUIRED BY EACH DEPARTMENT. THIS REVIEW PROCESS FOR OBTAINING PERMITS/APPROVALS MAY TAKE 3 TO 10 DAYS WITH ADDITIONAL TIME FOR SITE INSPECTIONS OR COMMISSION REVIEW IF NECESSARY AND ALSO MAY REQUIRE LEAVING DRAWINGS FOR REVIEW AS DETERMINED BY EACH DEPARTMENT.

Any portion of structure being demolished? _____

APPROVALS REQUIRED

(Check here if): Well ____ Septic ____

SEQUENCE	NOTE: 8:00am to 10:00am only unless otherwise noted	CHECKED	PERMIT #
_____	**HEALTH DEPARTMENT**: Sanitarian 8:00am-10:00am **563-0174** Required **PLOT PLAN** showing existing structures **WELL AND SEPTIC SYSTEMS** and a **SITE PLAN** showing all proposed structures And their separating distance to well. ***See attached required application form.***	_____	_____ **(Fee Required)**
_____	**WETLANDS REVIEW**: Dir. Env. Affairs 8:00am-10:00am- **563-0180** Please bring **PLOT PLAN, KNOWN WETLANDS, LIMITS AND REPORTS, SITE PLAN**, showing existing features and general proposed Features including structures, grading and septic location.	_____	_____
_____	**EROSION AND SEDIMENT CONTROL**: P&Z 8:00am-10:00am **563-0180** Please bring **SITE PLAN** showing all proposed grading, structures, limit of disturbance, and E&S controls.	_____	_____
_____	**ZONING PERMIT**: Zoning Enf. Officer, 8:00am-10:00am **563-0185** Provide a **SITE PLAN** on a certified A-2 survey showing all existing And proposed structures. **Foundation As-Built prior to framing on new structures.**	_____	_____
_____	**FIRE MARSHAL APPROVAL**: Fire Marshal - **By Appt**. **834-6246** Initially bring **SITE PLAN, BUILDING PLANS or FLOOR PLANS**. This is a preliminary sign off certifying that the Fire Department has received the necessary plans/documents to do a complete review for approval.	_____	_____
_____	**PUBLIC WORKS** : Field Engineer, DPW/**By Appt**. **563-0153** Please bring plan showing proposed **driveway** and features within the road Right-of-way. For sewer/water bring appropriate drawings as required.	_____	_____
_____	**BUILDING DEPARTMENT**: Building Official, 7:30am-12:00pm **563-0177** **Please bring 2 sets of BUILDING PLANS showing floor plans, cross sections & elevations, ResCheck for additions, Letter of Authorization from owner, Home Improvement Number with expiration date, Workers Comp Cert., Tax Collector approval, and all other approvals required above.** ***(Name of Concrete Supplier and contractor who placed it may be required prior to C/O.)***	_____	_____ **(Fee Required)**

INFORMATION REQUESTED ABOVE IS PRELIMINARY- ADDITIONAL MATERIAL MAY BE REQUIRED UPON FURTHER REVIEW OF THE PROJECT.

NO FINAL INSPECTION FOR A CERTIFICATE OF OCCUPANCY WILL BE ISSUED UNTIL THE FIRE MARSHAL, ZONING AND HEALTH DEPARTMENTS HAVE CONDUCTED FINAL INSPECTIONS AND THE BUILDING DEPARTMENT HAS RECEIVED APPROVAL DOCUMENTS

NOTICE

New IMPORTANT code information that is required on Building Plan submittals effective 2/28/14.
(The below must be included in your plans prior to submittal.)

1. Show grade and species of lumber being used.
2. Show design and location of braced wall panels.
3. Show locations and design for continuous load path from roof to foundation include hold downs and or strapping.
4. Provide RES Check or show prescriptive requirements of 2009 IRC Energy compliance.
5. Show size and location of egress windows.
6. Show nail schedule for hangers.
7. Show type of waterproofing being used.
8. Show location and size of rebar in foundation walls.
9. All slabs in basements and crawl spaces require a vapor barrier.
10. Need elevation drawings showing finished grades around dwellings, decks, patios and additions.
11. Show location and design of the dispersal of roof and footing drainage.
12. Show window details on opening restraints for windows more than 72 inches above grade with opening less than 24 inches above floor.
13. Permanent certificate required on electrical panel regarding energy compliance and materials.

******There may be some exceptions based on the scope of the project.******

State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 10-12-2004

7B

Proof of Workers' Compensation Coverage when Applying for a Building Permit for the Sole Proprietor or Property Owner who WILL act as General Contractor or Principal Employer

Applicant for Building Permit

Name of Applicant for Building Permit _____

Property located at _____

in the City / Town of _____

Attest

If you are the owner of the above-named property or the sole proprietor of a business doing work on the site of the construction project at the above-named property and you WILL act as the general contractor or principal employer, you must provide proof of workers' compensation insurance coverage for all employees.

Complete this form and, if applicable, sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

CHECK ONE (1) BOX ONLY, provide the appropriate information, and sign:

☐ **I am the OWNER** of the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers' compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

Signature of OWNER Applicant _____

☐ **I am the SOLE PROPRIETOR** of a business doing work at the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers' compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

Signature of SOLE PROPRIETOR Applicant _____

☐ **I am the OWNER** of the above-named property **or the SOLE PROPRIETOR** of a business doing work at the above-named property. I will not personally submit proof of workers' compensation insurance coverage, but I will attest to the following:

AFFIDAVIT

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he or she does work on the site of the construction project at the above-named property in accordance with Section 31-286b of the Workers' Compensation Act.

Signature of OWNER or SOLE PROPRIETOR Applicant _____

Name of Business—*if applicable* _____

Federal Employer ID# (FEIN)—*if applicable* _____

Subscribed and sworn to before me this _____ day of _____ , 200 _____ .

Signature of Notary Public / Commissioner of the Superior Court _____

State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 10-12-2004

7A

Proof of Workers' Compensation Coverage when Applying for a Building Permit for the Sole Proprietor or Property Owner who WILL NOT act as General Contractor or Principal Employer

Applicant for Building Permit

Name of Applicant for Building Permit _____

Property located at _____

in the City / Town of _____

Attest

If you are the owner of the above-named property or the sole proprietor of a business doing work on the site of the construction project at the above-named property and you WILL NOT act as the general contractor or principal employer, you are not required to have workers' compensation insurance coverage.

CHECK ONE (1) BOX ONLY and complete the following:

☐ **I am the OWNER** of the above-named property. I WILL NOT act as the general contractor or principal employer.

Signature of OWNER Applicant _____

☐ **I am the SOLE PROPRIETOR** of a business doing work at the above-named property. I WILL NOT act as the general contractor or principal employer.

Name of Business _____

Federal Employer ID# (FEIN) _____

Signature of SOLE PROPRIETOR Applicant _____

IMPORTANT NOTICE

Substitute House Bill No. 5394

Public Act No. 12-184

AN ACT CONCERNING SMOKE AND CARBON MONOXIDE DETECTORS AND ALARMS IN RESIDENTIAL DWELLINGS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective October 1, 2012*) Whenever any private residential dwelling designed to be occupied by one or two families is occupied during interior alterations or additions requiring a building permit, the temporary installation of battery-operated smoke detection and warning equipment and, if there is a fuel-burning appliance, fireplace or attached garage present, battery-operated carbon monoxide detection and warning equipment shall be required in the vicinity of, and during the performance of, such alterations or additions. Such equipment shall be of a type or technology that is tested and certified pursuant to standards issued by the American National Standards Institute or Underwriters Laboratories. Such equipment may combine smoke and carbon monoxide detection technology into a single device.

Sec. 2. (NEW) (*Effective October 1, 2012*) The Commissioner of Construction Services may establish, within available appropriations, a public awareness campaign to educate the public concerning the dangers of not having smoke and carbon monoxide detection and warning equipment in residential dwellings and to promote the installation of smoke and carbon monoxide detection and warning equipment in all residential dwellings.

When alterations or additions requiring a permit occur, or when one or more sleeping rooms are added or created in existing dwellings, the entire building shall be provided with **smoke detectors** located as required for new dwellings along with **carbon monoxide detectors** outside sleeping areas. The **smoke detectors/carbon monoxide detectors** may be battery operated and are not required to be interconnected unless other remodeling considerations require removal of the appropriate wall and ceiling coverings to facilitate concealed interconnected wiring.

The below signed have read and agrees to comply with the above regulations

Homeowner	Date	Contractor	Date.

WILTON BUILDING
DEPARTMENT

Building Official
Demolition Officer
Tel: 203-563-0177

TOWN HALL ANNEX
238 Danbury Road
Wilton, Connecticut 06897

Fax: 203-563-0284

LETTER OF AUTHORIZATION

To Whom It May Concern:

I hereby declare the following:

1. That I am the owner of the premises described as follows:

_____ _____
Street City State Zone

2. That _____ is duly authorized for and on behalf of the owner to execute an application for building, zoning, health and wetlands permits to enable him/her to obtain permits to complete construction of the following work _____

_____

_____

at the above site.

3. That _____ is hereby designated as the owner's representative with whom all town departments may deal with in respect to the work involved.

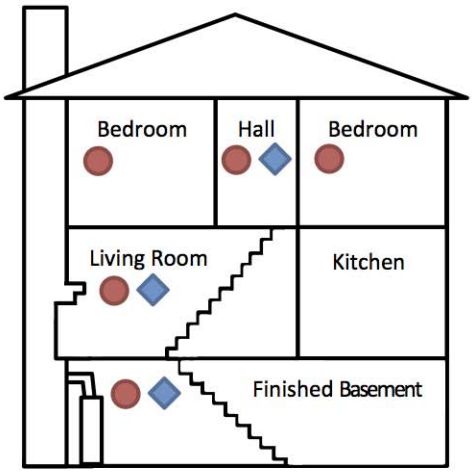
4. That this authorization also includes any and all electrical, plumbing, heating, and HVAC contractors doing work in conjunction with the above noted activity to obtain the appropriate sub permits.

Date: _____

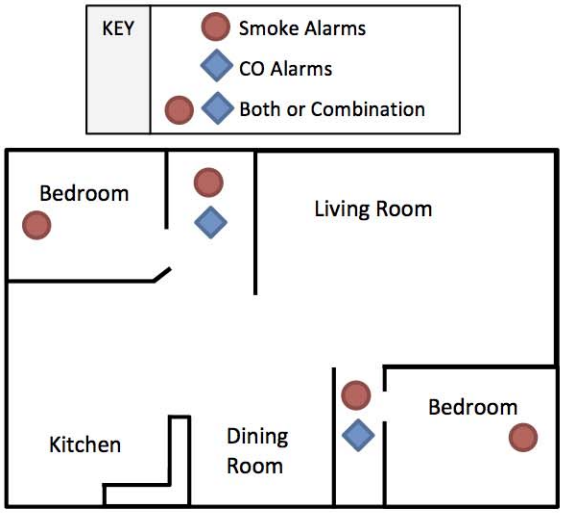
Owner: _____ _____
Print Name Signature

GENERAL GUIDELINES FOR SMOKE AND CARBON MONOXIDE DETECTOR LOCATIONS.

****LOCATIONS MAY VARY BASED ON FLOOR PLANS. CONSULT THE BUILDING DEPARTMENT FOR FURTHER QUESTIONS. (203) 563-0177**



Multi Story Residence



Single Story Residence

WILTON BUILDING DEPARTMENT

Building Official
Demolition Officer

Tel: 563-0177

TOWN HALL ANNEX
238 Danbury Road
Wilton, Connecticut 06897

Fax: 563-0284

REQUIRED INSPECTIONS

A TWENTY FIVE DOLLAR ($25.00) RE-INSPECTION FEE WILL BE CHARGED IF NO ONE IS HOME AT THE TIME OF INSPECTION OR IF THE WORK IS NOT READY. BE ADVISED, IF YOU CALL FOR AN INSPECTION, MAKE SURE IT IS READY!

FIELD INSPECTIONS: 10:30a.m. – 12:00 and 1:00– 3:00p.m.

1. Footings – prior to any concrete being poured (must be formed).

2. Reinforcement in concrete walls prior to pouring concrete.

3. Footing drains/water proofing and sill bolts - Prior to any backfill being placed.

4. Temporary electrical service.

5. Hearths and Throats

AS-BUILT PLOT PLAN (for new homes) PRIOR TO FRAMING.

6. Sheathing inspection.

7. Air Barrier prior to siding

*******BEFORE A ROUGH INSPECTION IS MADE, ALL MECHANICAL PERMITS MUST BE OBTAINED OR NO INSPECTION WILL BE MADE.*******

8. Rough Inspection – one inspection is conducted for all mechanical work. This inspection includes: framing, electrical, heating & air conditioning, plumbing and gas. **An air test on water lines and a water test on drainage/vent lines through the roof and duct tightness test is required.**

9. Electrical Service.

10. Insulation Inspection – prior to any covering.

11. Final CERTIFICATE OF OCCUPANCY – <u>all health and zoning approvals must be received</u> and all work must be completed before <u>you</u> may schedule a final inspection with this department. ***<u>(Name of Concrete Supplier and contractor who placed it may be required prior to C/O based on project size.)</u>***

****************ALLOW AT LEAST 2-3 DAYS FOR INSPECTION SCHEDULING*****************

****TEMPORARY STAIRS MUST BE INSTALLED OR NO INSPECTION WILL BE MADE.*****

Rev. 9/16

Wilton Health Department

Barrington A. Bogle, RS MPH CHES
DIRECTOR OF HEALTH
Barry.Bogle@wiltonct.org

Jennifer M. Zbell, RS
SANITARIAN
Jennifer.Zbell@wiltonct.org

Town Hall Annex

238 Danbury Road
Wilton, CT 06897
P-203-563-0174
F-203-563-0148

Application for New Construction/Bldg Additions /Accessory Structure Pools/Spas/Tennis Courts.

Fee: $150.00 **Year Built: _____**
Shed: $50
Property Owner: _____Phone # :_____
Address: _____E-mail:_____
Contractor/Applicant_____Phone #:_____
Address: _____E-mail: _____

TYPE OF PROPOSAL (check where appropriate)

___ ***New Construction-Vacant Lot*** ____ **Bedrooms** ***New Well_____*** ***Public Water_____***
__ ***Building Conversion, Change in Use:*** (describe) _____
__ ***Building Addition:*** (describe) _____
_____
a.) Will the proposal change the building "footprint"? __ yes __ no.
b.) Number of bedrooms in existing structure_____ Number of bedrooms after addition_____

__ ***Detached Structure*:** __ Barn; __Garage; __Gazebo; __Pool House; __Other (describe)_____
Plumbing __ YES __ NO Heating __ YES __ NO
__ ***Swimming pool:*** __In-ground __ Above ground Deck provided __Yes __No
Type of filter system: _____Filter backwash & pool water discharge to:_____
__***Building Teardown, Replacement*** using existing foundation _____ new foundation_____
a.) Number of bedrooms in existing house____ Number of bedrooms in proposed house_____
b.) New Well_____ Existing well_____ Well to be abandoned_____ Public Water Supply_____

___ ***Interior Renovations*** (describe):_____

****

Please check: __Full Foundation __ Frost Wall __ Slab __ Piers __ Other Footing Drains: Yes / No

Distance of proposed from **septic tank** _____ ft.; **Leaching system** _____ ft.; **Well** _____ft.
Size of septic tank: _____ gallons Size of leaching system _____sq. ft.
Year septic system was installed_____
Septic plan prepared by:_____ Approved on:_____

Any sewage backups or other problems noted with the existing septic system? __Yes __ No
If yes, please describe _____

Soil testing on file?_____ b100a on file?_____

Provide a plan showing the location of the proposal relative to the septic system and well.

Applicant signature: _____ **Date**: _____
I certify that I am the owner or the owner's contractual representative and that the information above is accurate to the best of my knowledge.
****

(FOR OFFICE USE ONLY)
Soil Testing Required: YES/ NO B100 (a) review needed: YES/NO Engineers Plan Required YES/NO

APPROVED_____DENIED_____Date:_____
COMMENTS: _____