TOWN OF WILTON, CONN.

APPLICATION FOR MINOR BUILDING PERMIT

Roofs, wood stoves, fireplaces, incl. gas insert, kitchens/baths, windows, signs, etc**.

Department of Consumer Protection Reg. # **Exp. Date**

Date:

Estimated Cost

Use Group: **Construction Type:**

Plan Review

***Tax Collector Apprvl:** **Date:**

C/O Fee

Parcel #: **Year Built:**

Building Fee

Size of Lot **Lot No.** **Zone**

State Ed. Fund

Job Location

Records Maint.

Owner of Building

Total Permit Fee

Address

Builder **Address** Tel No.

Purpose of Permit:

The undersigned owner or authorized agent hereby (1) agrees to conform to all the requirements of the Laws of the State of Connecticut and the Ordinances of the Town of Wilton: (2) agrees to notify the Building Official of any alterations in the plans or specifications of the building for which this permit is asked: (3) warrants that this building shall be located the proper distance from all street lines, side yard lines and required distances from all other zones and is located in a zone in which this building an its use is allowed. (4) warrants that this application and all maps and location surveys submitted in connection herewith fully and accurately describe the premises and structures thereon and any conditions to approval of the same by the Wilton Planning and Zoning Commission; and (5) applies for the issuance upon satisfactory completion of a Certificate of Occupancy for the use and herein stated.

Applicant's Signature: **Tel. No.**

Building Dept. Approval: **Date:**

****NOTICE ALL HOMES BUILT PRIOR TO 1978 HAVE NEW REQUIREMENTS SEE BELOW****

*****ALL WINDOWS, SIDING AND INTERIOR RENOVATIONS REQUIRE HEALTH DEPARTMENT APPROVAL FOR LEAD COMPLIANCE (Additional form may be required)*****

Health Dept. Approval: **Date**

State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 3-17-2006

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. 3-17-2006

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

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, Connecticut 06897
P-203-563-0174
F: 203-563-0148

Application for Building Additions, Accessory Structure, Interior renovations and Exterior Renovations in Pre-1978 Homes

Fee: $150.00

Property Owner: _____Phone # :_____
Address: _____E-mail:_____
Contractor/Applicant_____Phone #:_____
Address: _____E-mail: _____

TYPE OF PROPOSAL (check where appropriate) **Year House was Built_____**

___*Interior Renovation* (describe):_____

___*Exterior Renovation* __ Windows Siding_____

___ *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

****

Please Provide Photo ID.

Is Contractor/Company RRP Certified? Yes ____ No____

Contractor/Company Name: _____

EPA's Lead Renovation, Repair and Painting Rule (RRP Rule) requires that firms performing renovation, repair, and painting projects that disturb **lead-based paint in homes, child care facilities and pre-schools built before 1978 have their firm certified by EPA** (or an EPA authorized state), use certified renovators who are trained by EPA-approved training providers and follow specific lead-safe work practices to prevent lead contamination. This includes in-house maintenance staff and many types of outside contractors.

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)

APPROVED_____DENIED_____Date:_____

COMMENTS: _____