

Commercial Permitting Package

**PLEASE READ
NEXT PAGE FOR
PERMITTING PROCEDURES**

Commercial Permitting Package

PLEASE READ CAREFULLY BEFORE STARTING THE PROCESS

List of Required Documentation

- Complete the permit application packet in its entirety including the Zoning & Health forms.
- Provide two (2) copies of site plans reflecting location of proposed construction. Consult with Land Use Agency and the Health District for map requirements.
- Provide three (3) copies of building plans drawn to scale.
- If the Applicant is not the Owner of the Property, the Letter of Authorization must be completed.
- Provide a copy of the Connecticut Home Improvement Contractor Registration/License.
- Provide a copy of contractor's insurance showing workman's comp.

OR

- The Connecticut 7B Worker's Compensation Form must be completed and notarized.
- Contact CBYD to receive a call before you dig number (1-800-922-4455)

Permit fees will be collected by each department separately and to be paid by check or cash only.

Building Department checks are made payable to "Town of Newtown."

Building Department (203) 270-4260

Please see Building Department after all documents are ready & application has been completed BEFORE seeing the following:

Land Use Agency (203) 270-4276

Borough (203) 270-4353

Health District (203) 270-4291

Fire Marshal (203) 270-4370

Public Works (203) 270-4300
(located at 4 Turkey Hill Road)

COMMERCIAL - BUILDING PERMIT APPLICATION

Permit No.:

Receipt No.:

Date Issued:

REQUIRED DEPARTMENTS TO SIGN OFF ON PERMIT APPLICATION

Fire Marshal:

Engineer:

Zoning:

Conservation:

Health:

Is this property in the Borough?

if yes, Borough sign off will be needed

Is this property in the Borough Historic District?

if yes, approval letter will be needed

Is this property in the Hattertown Historic District?

if yes, approval letter will be needed

All refunds must be requested within 30 days of permit date if project under this permit is cancelled.

Date:

Property Location Street Address:

Bldg. #:

Unit #:

COMPLETE OWNER'S CONTACT INFORMATION BELOW*If the Owner is pulling this permit, a Letter of Authorization from the Contractor will be required.*

Owner's Name as it Appears in Land Records:

Owner's Email:

Owner's Street Address:

Town/City:

State:

Zip Code:

Home Phone Number:

Work Phone Number:

Fax Number:

IF NOT THE OWNER, COMPLETE THE APPLICANT'S CONTACT INFORMATION*If the Applicant is not the Owner or Contractor, a Letter of Authorization from the Owner & Contractor will be required.*

Applicant's Name:

Applicant's Email:

Street Address:

Town/City:

State:

Zip Code:

Applicant's Phone Number:

Work Phone Number:

Fax Number:

LICENSED CONTRACTOR INFORMATION*If the Contractor is pulling this permit, a Letter of Authorization from the Owner will be required.*

Name of Contractor:

Contractor's Email:

Contractor's Business Name:

Street Address:

Contractor's Phone Number:

Town/City:

State:

Zip Code:

Home Improvement Contractor License Number:

HIC Expiration Date:

Complete the description of work to be done below:**CIRCLE PERMIT TYPE:**

ALTERATIONS

ADDITION

RENOVATIONS

NEW CONSTRUCTION

Is there a Change of Use?

If yes, from _____ to _____

ESTIMATED CONSTRUCTION COST
(Minus Cost of Mechanicals)

\$

Call Before You Dig: (800) 922-4455 BUD#:

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CIRCLE TYPE OF CONSTRUCTION: 1A 2A 3A 5A 1B 2B 3B 5B 2C 4

Circle Below All Use Groups
Applicable to This Project

| | | | |
|-----|-----|-----|-----|
| A-1 | A-2 | A-3 | A-5 |
| E | B | M | U |
| F-1 | F-2 | | |
| H-1 | H-2 | H-3 | H-4 |
| I-1 | I-2 | I-3 | |
| R-1 | R-2 | R-3 | |
| S-1 | S-2 | | |

Mixed Use?

YES

OR

NO

Separated? _____

Number of Stories in Building: _____

Height of Building in Feet: _____

LIST BELOW THE GROSS SQUARE FOOTAGE OF EACH STORY ABOVE AND BELOW GRADE

| | | | | |
|----------|----------|----------|----------|----------|
| Story 1: | Story 2: | Story 3: | Story 4: | Story 5: |
|----------|----------|----------|----------|----------|

Name of Architect:

License #:

Name of Structural Engineer:

License #:

Interior Designer:

Registration #:

Is This Building a Threshold Building:

Reason:

Estimated Cost of Construction with Mechanicals: _____

LIST THE COST OF ALL MECHANICALS BELOW

Plumbing:

Heating:

Other:

Electrical:

Fire Protection:

Other:

All applicable information must be filled in or this permit cannot be processed.

I certify that I am the owner of record of the named property or that the proposed work is authorized by the owner of record and / or I have been authorized to make this application as an authorized agent, we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Owner's Signature: _____

Date: _____

Owner's Printed Name: _____

Agent/Tenant/Contractor's Signature: _____

Date: _____

Agent/Tenant/Contractor's Printed Name: _____

Letter of Authorization – Contractor to Sign: Contractor giving permission to the Homeowner/Property Owner to pull a permit using his/her State of Connecticut Contractor's License.

Newtown Building Department
3 Primrose Street
Newtown, CT 06470

To the Town of Newtown Chief Building Official:

I _____, give _____ permission to obtain
a/an _____ permit using my Contractor's License for work to be done
at property location: _____.

Sincerely,

Date:

Letter of Authorization – Homeowner/Property Owner to Sign: Homeowner/Property Owner giving permission to the Contractor to pull a permit at the Homeowner's/Property Owner's address of where the permit scope of work will be performed.

Newtown Building Department
3 Primrose Street
Newtown, CT 06470

To the Town of Newtown Chief Building Official:

I _____, give _____ permission
to obtain a building permit for a/an _____ permit at my property
location of: _____.

Sincerely,

Date:

3 Primrose Street
Newtown, Connecticut 06470

Tel. (203) 270-4370
Fax. (230) 270-1528



TOWN OF NEWTOWN
Office of the Fire Marshal

To: All Building Contractors
From: Richard Frampton
Subject: Outside Burning at Construction Sites

Section 22a-174 of the Connecticut General Statutes is the enabling legislation which governs the administrative regulations for the control of open burning. These regulations empower the local open burning official to only issue permits to any resident of the Town to dispose of brush on property where he resides. This means that if there is no residential structure occupied on the property, a permit cannot be issued. Owners or contractors wishing to burn brush on vacant land or construction sites cannot be issued permits. In such circumstances, the brush should be piled to one side of the property and burned when there is an occupied residential structure on the site. Burning permits for brush only are issued by the Fire Marshal's Office from November 1 through March 31. Owners or contractors should contact the Fire Marshal's Office for conditions of burning as set forth in the regulations.

No burning of construction materials at construction sites in the Town of Newtown is permitted. Debris should be piled into a dumpster and disposed of properly.

Should the fire department be called to a construction site for a fire it will be extinguished, and the contractor may be arrested for burning without a permit. The contractor will also be billed a set amount by the fire department for the responses and extinguishment.

Your signature on this letter acknowledges your receipt of the above information.

Printed Name

Date

Signature

Tel. Phone Number

Job Location

3 PRIMROSE STREET
NEWTOWN, CT 06470

203-270-4260 PHONE
203-270-4263 FAX



TOWN OF NEWTOWN

BUILDING DEPARTMENT

New Foundation Concrete Information

Project Address: _____

Description of Project: _____

Property Owner: _____

Name of Concrete **Supplier**: _____

Name of Concrete **Installer**: _____

Signature: _____

Printed Name: _____ Date: _____

As of October 1, 2016 per the State of Connecticut Substitute House Bill No. 5180, Public Act No. 16-45: Act Concerning Concrete Foundations: this form must be provided by the Applicant (Owner/Contractor/Agent for Owner) for any new structure requiring a foundation prior to the issuance of a Certificate of Occupancy for this project as stated herein above.

Proudly serving the
towns of Bridgewater,
Newtown and Roxbury



3 Primrose Street
Newtown, CT 06470
P: (203) 270-4291

www.newtown-ct.gov/health-district

**NEWTOWN DISTRICT DEPARTMENT OF HEALTH
APPLICATION FOR BUILDING PERMIT APPROVAL / SIGN OFF**

This is not a Building Permit - A permit from the Building Department is required prior to construction.

| | | | |
|------------------------------------|---------------------------------------|-------|----------|
| Street Address of Proposed Project | | Town | |
| Owner | Phone | Email | |
| Contractor Name | Phone | Email | |
| Contractor Address | Town | State | Zip Code |
| Lot Size: _____ | Septic and Well Information Provided: | | Yes No |

This application must be accompanied by:

- A sketch/drawing showing distances to septic systems and wells and a code-complying septic system area (B100a), if required.
- If required, B100a soil testing / site investigation is a separate application and fee.

A check made payable to Newtown Health District in the amount of:

FEES: circle appropriate:

- | | |
|----------|--|
| \$ 10.00 | Residential renovations, Properties on public sewer |
| \$ 15.00 | Shed less than 200 square feet no foundation |
| \$ 25.00 | Accessory Structure (shed, deck, gazebo, above ground pool etc.) |
| \$ 25.00 | Finished Basement without potential BR |
| \$ 25.00 | Commercial Building Fit-out / Remodel |
| \$ 50.00 | Additions, Conversion, Change in Use, Finished basement with bedroom |
| \$ 50.00 | In-ground swimming pool |
| \$ 50.00 | New Commercial Building/Space, per 1,000 square feet |
| \$100.00 | New Residential/Per Single Family Unit or other dwelling unit |

Description of Building/Addition/Structure: _____

Owner or Applicant Signature: _____ Date: _____

A letter of Authorization is acceptable in place of Owner's Signature.

Health District Use Only

APPROVED _____ DENIED _____ Fee Paid: _____ Check #: _____ Cash: _____

Comments: _____

Sanitarian: _____ Decision Date: _____

Town of Newtown Land Use Agency

The square footage spaces listed below must be accurately filled and only for new enclosed space

Zoning Permit Fee

Applicant/Agent _____

Property Address _____

AREA:

Square Footage

1st Floor

2nd Floor

Habitable Attic

Basement

Garage

Shed(s)

Carport(s)

Barn(s)

Other _____

Total New Square Footage _____

Total Fee \$ _____

I attest that the above information is true and accurate to the best of my knowledge and belief:

Signed _____ Date _____

Printed Name _____



Address for Land Use Files

**TOWN OF NEWTOWN
APPLICATION FOR ZONING PERMIT**

1. Owner _____

2. Applicant _____

3. Project Address: _____

4. Phone _____

5. Email _____

6. Permit for (Specify use below selection):

- a) ____ New Building or Structure
- b) ____ Enlarged Building or Structure
- c) ____ Structural Alteration (no increase in area)
- d) ____ Landscape Work (includes ¼ acre ponds)
- e) ____ Change in Use
- f) ____ Temporary Use
- g) ____ Other Use

Description of Activity: _____

7. Present use of lot (i.e. Single Family Residence)

8. Attached Plans: ____ yes ____ no
____ not necessary

8. Will any topsoil or earth materials other than
topsoil be removed from the lot or onto the
lot? ____ yes ____ no

*I declare under penalties of false statements that
the statements of the foregoing application are
complete and true.*

*This is a decision of a Zoning officer and may be
appealed to Zoning Board of Appeals in accordance
with §8.7 of the CT General Statutes within 15
days.*

Owner/Applicant

Date

ZEO Notes: _____

ZEO Signature

Date

Fee \$ _____ By _____ Date _____