

Deck

Permitting Package

**PLEASE READ
NEXT PAGE FOR
PERMITTING PROCEDURES**

Deck 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 addition. Consult with Land Use Agency and the Health District for map requirements.
- Provide two (2) 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

TOWN OF NEWTOWN BUILDING DEPARTMENT

DECK- PERMIT APPLICATION

Permit No.:

Receipt No.:

Date Issued:

REQUIRED DEPARTMENTS TO SIGN OFF ON PERMIT APPLICATION**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:****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:

Will there be a change in use? _____

Was work done without a permit? YES / NO

Is the structure within the 100 year flood plain? YES / NO

Flood Zone: _____

ESTIMATED CONSTRUCTION COST
(Minus Cost of Mechanicals) \$Call Before You Dig: (800) 922-4455 **BUD#:****ESTIMATED COST OF MECHANICALS**

Electrical Cost:

Other Cost:

Page 2 - DECK - PERMIT APPLICATION

Please fill-in sub-contractor and contact telephone number below.

It is the responsibility of the property owner or the owner's agent to hire contractor(s) licensed by the State of Connecticut for each mechanical trade. The owner or owner's agent is required to get a signed Letter of Authorization by each contractor should the Owner or Owner's Agent be pulling a permit using the contractor's license.

Trade	Name of Sub-Contractor/Company	Telephone #
ELECTRICAL:		
OTHER:		

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

I hereby agree to conform to all of the requirements set forth by Connecticut State laws and the State of Connecticut Building Code in addition to the Ordinances of the Town of Newtown and to notify the Building Official of any alteration on the plans or specifications of the building for which this permit is asked. I agree that this building meets Town of Newtown Zoning & Conservation and the Health Department's set backs from all street lines, side yard lines, well(s), septic(s), and the required distances from all other zones and is located in a zone which this building and its use is allowed.

Owner's Signature: _____ Date: _____

Owner's Printed Name: _____

Agent/Contractor's Signature: _____ Date: _____

Agent/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

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: _____



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 1/4 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 _____