

TENT(S)

PLEASE READ CAREFULLY BEFORE STARTING THE PROCESS

PROCEDURES TO BE FOLLOWED TO OBTAIN A TENT PERMIT

YOU WILL NEED TWO (2) COPIES IN TOTAL OF THE TENT PLANS/FIRE-RATED SPECIFICATIONS AND TWO (2) COPIES IN TOTAL OF A PROPOSED PLOT PLAN MAP SHOWING WHERE THE TENT(S) WILL BE LOCATED. WITH THE COMPLETED TENT PERMIT APPLICATION, THE (2) SETS OF TENT PLANS/SPECS, AND THE (2) PLOT PLAN MAPS, YOU WILL GET SIGNATURES ON ALL FROM ZONING, CONSERVATION, AND THE HEALTH DISTRICT PRIOR TO SUBMITTING TO THE BUILDING DEPARTMENT FOR REVIEW.

Step 1: Zoning Department (3 Primrose Street) – 203-270-4276

- Submit completed zoning application
- Submit one copy of proposed plot plan (Class A-2 Survey), by a licensed surveyor showing where the Tent is located
- They will sign the building application and BOTH sets of Tent plans

Step 2: Conservation (3 Primrose Street) – 203-270-4350

- They will look at plot plan (Class A-2 Survey) and Tent Placement
- They will sign building application and BOTH Tent plans
- Additional information may be required

Step 3: Health District (3 Primrose Street) – 203-270-4291

- Speak to a Sanitarian for specific application requirements
- They will sign the building application and BOTH sets of Tent Plans

Step 4: Building Department (3 Primrose Street) – 203-270-4260

- Submit two copies of Tent Plans
- Submit plot plan
- Submit workers comp cert & copy of License of contractor
- Letter of Authorization
- If homeowner lists themselves as contractor on application they will not have to submit work comp & copy of license for contractor. They will fill out form 7B which is attached and states the homeowner will be acting as the contractor and will be responsible for work being done. We will then notarize 7B at time of application submission.

PLEASE REMEMBER YOU WILL NEED SEPARATE PERMITS FOR SUB CONTRACTORS (ie: Electrical)

TENT PERMIT APPLICATION**REQUIRED DEPARTMENTS TO SIGN-OFF ON PERMIT APPLICATION**

Fire Marshal:	Zoning:
Health:	Conservation:
Is structure in the Borough? YES or NO Is structure in Newtown Sewer District? YES or NO Is structure in Hattertown Historic District? YES or NO Is structure an Historical Building designated by HPO? YES or NO Approval Signature of Historic District Representative	Building Department Date Stamp:

Complete Owner Information & Property Detail Below

Property Location Street Address For This Permit:			
Owner's Name of Property as it Appears in Land Records:	Are You, The Owner, Also The Applicant?	YES	NO
Owner's Email Address:	Owner's Phone Number:		
Owner's Street Address:			
Town/City:	State:	Zip Code:	
Home Phone Number:	Work Phone Number:	Fax Number:	

Applicant, Complete Below

Name of Applicant and/or Agent on Behalf of Owner if Not The Owner:	Applicant's Email Address:		
Street Address:			
Town/City:	State:	Zip Code:	
Home Phone Number:	Work Phone Number:	Fax Number:	

Contractor/Tent Installer, Complete Below

Contractor Name & Business Name:	Contractor's Email Address:		
Street Address:	Contact Phone Number:		
Town/City:	State:	Zip Code:	
Home Improvement Contractor License Number:	Expiration Date:		

DATES TENT(S) WILL BE UP:	Will portable heaters be used?
Will the tent have sides?	Will food be cooked under tent, and will food be served under tent?
Will there be a dance floor, and will the tent have raised platforms?	Will there be lighting & will the electric be grounded?
TENT NO. 1 Square Footage & Dimensions:	TENT NO. 3 Square Footage & Dimensions:
TENT NO. 2 Square Footage & Dimensions:	TENT NO. 4 Square Footage & Dimensions:

If there is any lighting, an Electrical Permit must be taken out by an E-1 electrician or by the homeowner.

If the tent has side curtains, locate exits and show exit lights, if required, for night time use.

ESTIMATED COST: \$

All tents requiring permits must be inspected by the Building Department before use. Please call (203) 270-4260 to schedule your inspection. Please reference the back of this Application for tent permit requirements.

Signature of Owner, or Owner's Agent, or Contractor as Agent for Owner:	Date:
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TOWN OF NEWTOWN BUILDING DEPARTMENT

Requirements for a Tent Permit

3104.1.1 Permit Required: All temporary structures that cover an area in excess of 120 square feet, including all connecting areas or spaces with a common means of egress or entrance which are used or intended to be used for the gathering together of 10 or more persons, shall not be erected, operated or maintained for any purpose without obtaining a permit from the code official. Tents used exclusively for recreational camping purposes shall be exempt from the above requirements. Special permits required by this code shall be secured from the code official.

Exceptions:

1. *Tents less than 350 square feet total area.*
2. *Tents 900 square feet and smaller in total area when occupied by fewer than 50 persons, which have no heating appliances, no installed electrical service, and are erected for fewer than 72 hours.*

3104.2 Construction Documents: A permit application and construction documents shall be submitted for each installation of a temporary structure. The construction documents shall include a site plan indicating the location of the temporary structure and information delineating the means of egress and the occupant load.

3104.4 Construction: Tents and air-supported structures shall be constructed as required by this code an NFPA 102 listed in Chapter 35.

3104.5 Membrane Material: The membrane material for all tents shall be of: approved non-combustible material as defined in Section 704.4; flame resistant material as determined in accordance with both the small-scale and large-scale tests in NFPA 701 listed in Chapter 35; or material treated in an approved manner to render the material flame resistant.

3104.6 Certification: An affidavit or affirmation shall be submitted to the code official and a copy retained on the premises on which the tent or air-supported structure is located. The affidavit shall attest to the following information relative to the flame resistance of the fabric:

1. Names and addresses of the owners of the tent or air-supported structure.
2. Date the fabric was last treated with flame resistant solution.
3. Trade name or kind of chemical used in treatment.
4. Name of person or firm treating the material.
5. Name of testing agency and test standard by which the fabric was tested.

104.9 Means of Egress: All temporary structures including tents and membrane structures shall conform to the means of egress requirements of Chapter 10 and shall have a maximum exit access travel distance of 100 feet (30480 mm).

Letter of Authorization – Contractor to Sign: Contractor giving authorization to the Homeowner/Property Owner permission to pull a permit using his/her State of Connecticut, Home Improvement 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 authorization to the Contractor permission 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:

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 relative distances to septic systems and wells and a code-complying area, if required
- A check made payable to Newtown Health District in the amount of:

FEES: circle appropriate fee:

- | | |
|----------|--|
| \$ 15.00 | Accessory Structure (on ground or sonotube) shed, deck, gazebo, etc. |
| \$ 25.00 | Addition/Structure (requiring foundation/slab) not habitable |
| \$ 50.00 | Additions, habitable space |
| \$ 50.00 | Commercial Building/Space, per 1,000 square feet |
| \$ 25.00 | Commercial Building Fit-out |
| \$ 25.00 | Finished Basement, without potential BR |
| \$ 50.00 | Finished Basement, with potential BR |
| \$100.00 | New Residential/Per Single Family Unit |
| \$ 10.00 | Properties on public sewer |
| \$ 10.00 | Residential Renovations/Change of Use |
| \$ 25.00 | Swimming pool, above ground |
| \$ 50.00 | Swimming pool, in-ground |

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 _____