



TOWN OF PRESTON

Building Department

389 Route 2

Preston, Connecticut 06365

Interior Alterations including Basements

Minimum Permit Application Requirements

Note: Please keep in mind that a complete application with all required information will help expedite the application process. An incomplete application will not be dated as accepted or circulated until all of the information is received. The following information is provided to assist in preparing a complete application package but in no way guarantees application approval or compliance with all applicable code requirements. It is the responsibility of the applicant to provide a complete and code compliant building permit application with supporting documentation.

General Requirements

- Completed building permit application form(s) (available online or in Land Use Office)
- Submission of two signed and sealed sets of all drawings and information is required. One set will be returned with comments and/or conditions of approval and is to be left at the job site during construction.
- Zoning Enforcement approval is required prior to issuance of the building permit.
- A certificate of insurance for workers' compensation coverage must be provided by contractors or a sworn notarized affidavit provided, stating that the building owner / agent will require proof of workers' compensation insurance for all those employed on the job site.
- Home Improvement, Mechanical (HVAC), Electrical, Plumbing, Fire Protection and other trades are required to be licensed in Connecticut. A copy of their license and proof of insurance will be required at the time of application.

Minimum Plan Requirements

- Plans shall be drawn to scale (1/4" per ft. preferred) and shall include (as applicable) the following drawings and information for review and approval. The size, scope and type of project will dictate what drawings are required.
 - Uses and dimensions of all areas provided? Show existing and proposed on different plans layouts.
 - All proposed areas involving demolition work has been shown?
 - Indicated location and sizes of all doors and windows? Including R- Value and SHGC on glazing
 - Indicate clear opening sizes for any bedroom windows or indicate that they will meet the minimum escape and rescue requirements.
 - Location of any stairs updated or installed? Provide information on headroom on the plan.
 - Thickness and type of existing and proposed walls?
 - Height of ceiling (s)?
 - Indicated the size, spacing, species and grade of lumber to be used?
 - Provided all header sizes and material? Including engineering calculations and beam sizes when opening up an interior wall.
 - Provided the floor/roof framing information, as is relevant to the renovations for the existing structure?
 - Spans of support beams indicated? (distance between supports)
 - Replacement of any insulation and R-Value
 - Method of draftstopping (i.e. top of wall in basement).
 - Provide information on any changes to the electrical system
 - Provide information on any changes to the plumbing system
 - Provide information on the proposed heating system including combustion air requirements if alteration will be done in the space where the heating equipment is located
 - Dimensions, specifications and details as required to convey the scope of work.
 - Any other drawings that may be needed to convey the scope of work
- Plans shall indicate that smoke detectors and CO detectors will be provided throughout the entire house in accordance with the latest edition of the International Residential Code.

___ Plans shall clearly indicate all vertical dimensions such as floor to ceiling heights, headroom heights at beams and stairs, railing heights, etc.

___ Dimensions, specifications and details as required to convey the scope of work. Any other drawings that may be needed to convey the scope of work

Special Requirements

___ If the existing property is serviced by a private septic system and/or a private well, the plans will need to be reviewed by the Sanitarian.

Other Requirements

___ All engineered items such as trusses, LVL beams, etc.) must be accompanied by proof of compliance with all applicable codes.

___ Provide information on how construction/renovation complies with the model energy code.

___ The Final sign-off sheet must be completed prior to issuance of a Certificate of Occupancy. This will be completed internally and combined with information supplied by the applicant as may be applicable.

Affidavit: I hereby certify that I have read and understand the requirements as stated above for a permit and further understand that unless all required items are submitted with the permit application, my application will be IMMEDIATELY placed on HOLD until all required items are submitted.

SIGNATURE OF APPLICANT: _____ DATE: _____



TOWN OF PRESTON
Building Department
 389 Route 2
 Preston, CT 06365

FOR TOWN USE ONLY
 Permit _____
 Completed Application Received

Admin Assistant lpappas@preston-ct.org • 860-887-5581 x103 • Building Official lacombe@preston-ct.org • 860-887-5581 x130

Building Permit Application

New Construction Addition Renovation Residential Commercial

Building site address _____ Lot/Map # _____

Is above address within an Historic District area? Yes No Within the floodplain? Yes No

Property Owner Information			Applicant Information (if different than Owner)		
Name _____			Name _____		
Address _____			Address _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____
Day phone _____	Cell _____		Day phone _____	Cell _____	
E-mail _____			E-mail _____		

Contractor	License #	Expiration Date

Project Information

Describe proposed work: _____

Area of Project _____ sq.ft. Building Area _____ sq.ft. Building Height _____ ft. # of stories _____

Check for associated trade permits: Plumbing Electrical HVAC Gas

Estimated Cost of Labor + Materials: _____

Signature of owner or authorized agent

The applicant certifies and agrees as follows: (1) 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 (2) that the information is correct; (3) that the project will comply with all regulations of the Town of Preston which are applicable hereto; (4) that they will only perform work on the above property specifically described in this application; (5) that they grant Town officials the right to enter onto the property for the purpose of inspecting the work permitted

Owner or Authorized Agent (print) _____

Signature _____ Date _____

Zoning Information

Application is hereby made for a Zoning Permit for the purposes described herein and shown on the accompanying plans.

Work is to commence no earlier than 7:00am Weekdays and 9:00 am Weekends.

Applicants for permitted residential dwellings or additions of such buildings shall submit a plot plan, **drawn to scale**, on a separate piece of paper. (See example provided as part of this application.)

Zoning Enforcement Officer Use Only

Approved _____

ZEO Signature _____ Date _____

A permit issued on the basis of this application certifies conformance with the Zoning Regulations of the Town of Preston

ZEO Comments: _____

Town Use Only

Valuation _____ Permit Fee _____ Education Fee _____

Total fee due _____ Payment received by _____ Date _____

Special Conditions if any _____



TOWN OF PRESTON

Assessor's Office

389 Route 2

Preston, Connecticut 06365

860-889-2529 voice

860-204-0021 facsimile

INFORMATION FOR PERMIT NEEDED BY ASSESSOR

Date of Application _____

Assessor's Tax Map & Lot # _____ / _____

The undersigned hereby applies for a permit to: ERECT (), ALTER (), ENLARGE (), REPAIR (), REMOVE (), DEMOLISH (), a building or structure herein described and in accordance with plans and specifications submitted.

LOCATION (Street & No.) _____ PROPERTY OWNER _____

TYPE OF CONSTRUCTION _____ SIZE OF BUILDING _____

GARAGE SIZE _____ x _____ ATTACHED _____ TOTAL FLOOR AREA _____

NUMBER OF BATHS _____ (TILE BATH _____ SHOWER _____

JACUZZI / HOT TUBS _____ GAL _____ CERAMIC _____)

WALLS _____ FLOORS _____

NUMBER OF BEDROOMS _____

INTERIOR WALLS _____ FLOORING _____

HEATING TYPE _____ FUEL TYPE _____

FIREPLACE _____ FUEL _____

AIR CONDITIONING _____

ACCESSORY BUILDING SIZE _____ USE _____

DECK SIZE _____

EST. CONSTRUCTION VALUE \$ _____

The applicant agrees to comply with all provisions of the building code and with the provisions of all other laws and rules governing building construction.

Signed (Owner or Agent) _____ Print Name _____

DESCRIPTION OF PROPOSED WORK UNDER THIS APPLICATION



TOWN OF PRESTON

Zoning Enforcement Office
389 Route 2
Preston, Connecticut 06365

860-887-5581 Ext. 103 voice 860-204-0021 facsimile

Permit Number _____

Office Use Only: _____

RESIDENTIAL ZONING PERMIT APPLICATION

This form should be used when applying for a residential or permitted accessory use.

Application is hereby made for a Zoning Permit for the purpose described herein and shown on the accompanying plans.

Date: _____ (Please Print or Type All Entries)

Applicant _____

Street Address _____ Town _____ State _____ Zip _____

Daytime Phone () _____ Evening Phone () _____

Owner's Name (as it appears in Land Records) _____

Street Address _____ Town _____ State _____ Zip _____

Daytime Phone () _____ Evening Phone () _____

Location of Property _____

Map # _____ Lot # _____ Volume _____ Page _____

Lot Size _____ Existing use of land or uildings _____

Proposed building or use _____

If this is a non-conforming lot, please provide documentation of this being a legal non-conforming lot.

If new use, has a driveway permit been obtained from the First Selectman? _____

Work to commence no earlier than 7:00 a.m. Weekdays and 9:00 a.m. Weekends.

Applicants for permitted residential dwellings and accessory or expansions or additions of such buildings shall submit a plot plan, **drawn to scale**, on a separate piece of paper. (See example on the reverse side of this form.)

Signature of Applicant: _____ Date: _____

Print Name _____

TO BE FILLED IN BY ZONING ENFORCEMENT OFFICER:

APPROVED _____

ZEO Signature _____ Date _____

Sanitarian's Approval _____ Date: _____

A permit issued on the basis of this application certifies conformance with the Preston Zoning Regulations. Other permits may be required, such as those concerning driveways, wetlands, water and sewer facilities, fire protection, building code and health code. Obtaining the additional permits is the responsibility of the applicant.)

Comments:



Building Permit Requirements for Workers' Compensation

Section 31-286b of the Workers' Compensation Act requires anyone who requests a building permit to first submit "proof of workers' compensation coverage for all of the employees who are engaged to perform services on the site of the construction project for which the permit was issued.

The only exceptions to this law are the sole proprietor or property owner who will not be acting as general contractor or principal employer.

What to give to the Building Official to obtain a Building Permit:

- 1. The General Contractor or Principal Employer must provide a written certificate of workers' compensation insurance for all of the employees on their project. This certificate may not be for liability, disability or any other type of insurance.**
- 2. The Sole Proprietor or Property Owner who will not act as a general contractor or principal employer is not required to have workers' compensation coverage. In order to obtain the building permit, a FORM 7A should be completed and given to the building official.**
- 3. The Sole Proprietor or Property Owner who will act as a general contractor or a principal employer must provide a written certificate of workers' compensation insurance for all of the employees on their project and must file a FORM 7B with the building official — OR he will sign a sworn notarized affidavit on FORM 7B, stating that he will require proof of workers' compensation insurance for all those employed on the job site.**
- 4. The General Contractor or Principal Employer who has properly excluded himself from coverage using the appropriate WCC form (see NOTE below) must file the FORM 7C with the building official. This form certifies that they have properly excluded themselves, and attests that they will require proof of workers' compensation insurance from every employee that works on the designated job site.**

NOTE: The general contractor or principal employer may exclude himself from workers' compensation coverage by filing one of the following forms with the appropriate Workers' Compensation Commission district office:

- :Form 6B for employees who are Officers of a Corporation or Managers / Members of an LLC
- Form 6B-1 for employees who are Members of a Partnership



Please TYPE or PRINT IN INK

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 _____ Preston, Connecticut

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 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 and complete the following:

- I am the **OWNER** of the above-named property. I WILL NOT 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 NOT 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 abovenamed property.

Name of Business—if applicable _____

Federal Employer ID# (FEIN)—if applicable _____

Signature of SOLE PROPRIETOR Applicant _____



Please TYPE or PRINT IN INK

Proof of Workers' Compensation Coverage When Applying for a Building Permit for a 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 _____

Preston, Connecticut

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 abovenamed 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 statement at the end of the page:



Please TYPE or PRINT IN INK

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 _____

Preston, Connecticut

ATTEST

If you are the General Contractor or Principal Employer of a business doing work on the site of the construction project at the above-named property and you have properly excluded yourself from workers' compensation coverage by filing one of the appropriate forms listed below with the Workers' Compensation Commission, complete this form and, if applicable, sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

FIRST — CHECK ONE (1) BOX:

I am: an Officer of a Corporation a Manager or Member of an LLC a Partner in a Business

THEN — CHECK ONE (1) BOX, provide the appropriate information, and sign the Affidavit at the end of the page:

I have filed the following certificate with the Workers' Compensation Commission:

Form 6B (for an Officer of a Corporation, a Manager of an LLC, or a Member of a Multiple-Member LLC)

Form 6B-1 (for a Partner in a Business)

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 _____