



Town of Preston
 Building Department
 389 Route 2
 Preston, CT 06365

Building Permit Application

_____ Residential _____ Commercial

Thomas Weber, Building Official Building@preston-ct.org (860) 887-5581 Ext. 130
 Leigh Pappas, Admin. Assistant Lpappas@preston-ct.org (860) 887-5581 Ext. 103

Property Location of Work To Be Completed At

Property Owner _____ Phone _____
 Contractor _____ Phone _____
 Address _____
 Email _____ License # _____
 Description of Work To Be Completed _____

Estimated Cost of Labor & Materials \$

	Quantity	New	Replacement	Description Details/ Dimensions
Doors				
Pool/ Spa				
Roofing				Remove Existing? ___ Yes ___ No
Shed				
Siding				
Solar				
Windows				
Structural Changes?		___ Yes	___ No	

Signature of Owner or Authorized Agent: (initial appropriate box below and sign)

The applicant certifies and agrees as follows: 1. ___ I am the owner of record of the named property or ___ 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. 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.

Print Name _____ Signature _____ Date _____

All work must be done in accordance with requirements of the current State of Connecticut Building Code, Ordinances and Regulations as adopted by the Town of Preston.

Zoning Enforcement Use Only

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 7:00 AM Weekdays and 9:00 AM on Weekends. Applicants for permitted residential dwellings or additions such as buildings shall submit a plot plan, drawn to scale, on a separate piece of paper (See example provided as part of this application). A permit issued on the basis of this application certifies conformance with the Zoning Regulations of the Town of Preston.

ZEO Signature _____ Date _____

ZEO Comment _____

Office Use Only

Application Received in Building Department on
(Date Stamp)

Building	
Electrical	
Mechanical	
Plumbing	
Zoning	

Valuation	
Education Fee	
Total Fees Due	
Cash/Check #	
Permit # ISSUED	



Building Permit Requirements for Workers' Compensation

Section 31-206b 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 permit, a **FORM 7B** 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 property 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 9B for employees who are Officers of a Corporation or Managers / Members of an LLC
- Form 9B-1 for employees who are Members of a Partnership



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) _____

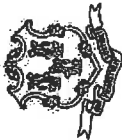
Signature of SOLE PROPRIETOR, Applicant _____

7B

Rev. 3-17-2008

State of Connecticut
Workers' Compensation Commission

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 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.

Check ONE (1) BOX ONLY, provide the appropriate information, and sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

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.

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.

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 meet 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 31-288B of the Workers' Compensation Act.

Signature of OWNER or SOLE PROPRIETOR Applicant _____

Name of Business—If Applicable _____

Federal Employer ID# (FEIN)—If Applicable _____

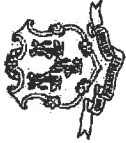
Subscribed and sworn to before me this _____ day of _____, 200__

Signature of Notary Public / Commissioner of the Superior Court _____

Rev. 3-17-2008

State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK



Proof of Workers' Compensation Coverage when Applying for a Building Permit for the General Contractor or Principal Employer who has chosen to be EXCLUDED from Coverage

APPLICANT FOR BUILDING PERMIT

Name of Applicant for Building Permit _____

Property located at _____

In the City/Town of _____

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 property excluded from workers' compensation coverage by filing of the appropriate forms listed below with the Workers' Compensation Commission, substitute this form and, if applicable, sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

NOTE — CHECK ONE (1) BOX:

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

NOTE — CHECK ONE (1) BOX, provide the appropriate information, and sign the Affidavit below:

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

- Form 68 (for an Officer of a Corporation, a Manager of an LLC, or a Member of a Multiple-Member LLC)
- Form 68-1 (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 31-288B of the Workers' Compensation Act.

Signature of GENERAL CONTRACTOR or PRINCIPAL EMPLOYER 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 _____

7C