



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	



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Permit Application

___ Electrical ___ Mechanical ___ Plumbing

___ Residential ___ Commercial

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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 \$

	Fuel Type	New	Replacement	Make/ Model #/ Description
Air Conditioning				
Boiler				
Chimney/ Flue				
Fireplace				
Furnace				
Generator				
Above Ground/ Buried Tank				

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

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ZEO Comment _____

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(Date Stamp)

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



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

Information for Permit Needed by The Assessor

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.

Property Location _____ Preston, CT.

Property Owner _____ Phone _____

Type of Construction		Size of Building	
Number of Baths	Tile Bath	Shower	
Jacuzzi/ Hot Tubs	Gal.	Ceramic	
Walls	Floors	Number of Bedrooms	
Interior Walls	Flooring	Air Conditioning	
Heating Type	Fuel Type	Deck Size _____ x _____	
Fireplace	Fuel Type		
Accessory Building Size _____ x _____		Use	
Garage Size _____ x _____	Attached _____ Yes _____ No	Total Floor Area	
<u>Estimated Construction Value \$</u>			

Description of Proposed Work Under This Application _____

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.

Print Name _____ Signature _____ Date _____



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

Plot Plan

Many land use authorizations or building permit applications for the Town of Preston require plot plans. This handout has been prepared to assist applicants in preparing plot plans. It lists the information that must appear on the plot plan and shows a sample plot plan for your reference.

A plot plan is an accurate drawing or map of your property that shows the size and configuration of your property and the size and precise location of most man-made features (i.e., buildings, driveways, utility lines and walls or fences) on the property. Plot plans show both what currently exists on the property and what the desired physical changes are, that will change the physical appearance of the land and man-made features.

When do you need to draw a plot plan?

Plot plans are required to accompany most applications that change how the property will be used or that are needed in order to construct something on the property.

For example, plot plans are required when you apply for:

- Building permits to build an addition, construct a new structure, alter an existing structure or do other exterior work such as installing pools, generators, sheds and decks.
- A variance for Zoning Compliance
- A change of use of the structure

A plot plan is also helpful to have when you have questions about what you can and cannot do on your property. It will help Town personnel to see the specific and unique conditions of your site. They can then provide you with specific rather than general information. This is particularly important when activities involve Zoning Compliance and Building Code requirements.

What does a plot plan show?

A plot plan must contain the following information:

1. Name and address of the owner of the property
2. Address of the property (if different from the owner's address)
3. The location and dimension of driveway (existing and proposed)
4. Identification of adjacent streets
5. Any easement that crosses the property or other pertinent legal features
6. The property lines and property dimensions
7. Locations, sizes and shapes of any structures present on the site and proposed for construction
8. Dimensions showing: front, side and rear yard setbacks, size of structures, porches, pools and decks

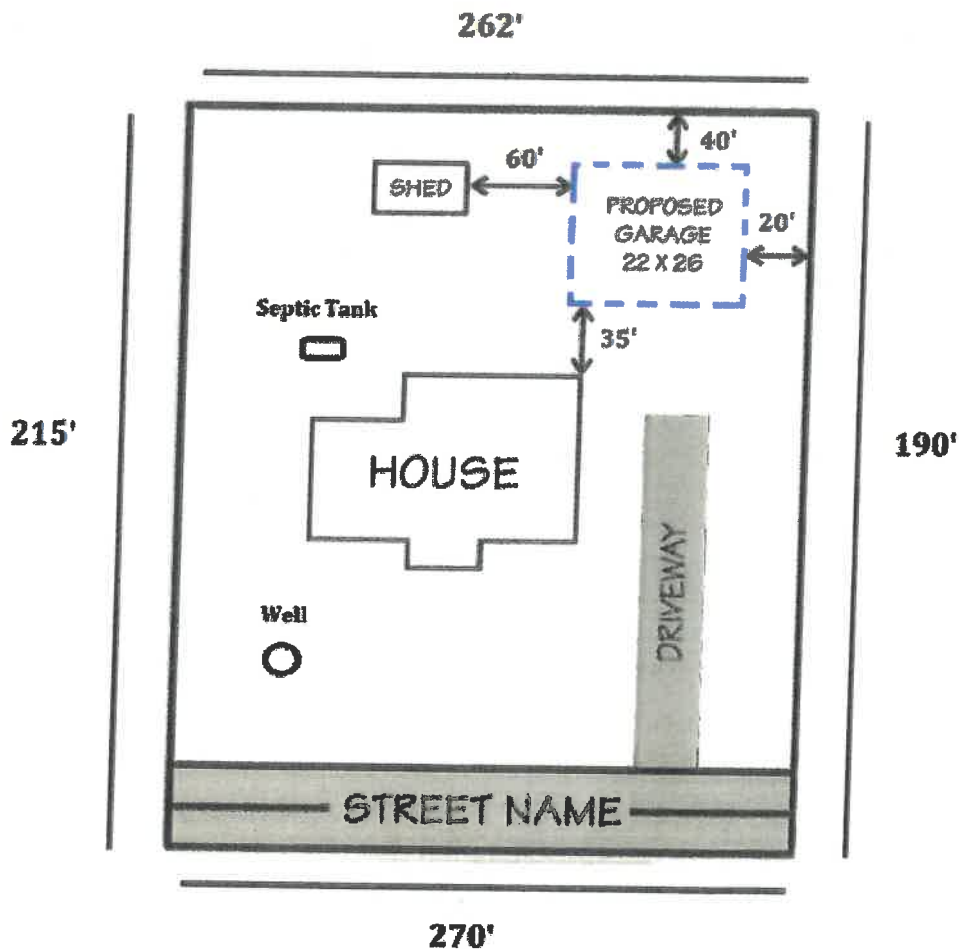
How to prepare a simple plot plan

- Step 1. Access the Preston GIS website and search for your property (http://www.prestongis.com/ags_map)
- Step 2. Search for your property and from there you can print a quick map to scale
- Step 3. Verify that all of the man-made structures are noted as listed above
- Step 4. Add/Draw onto the map the proposed structures (to scale) and include the relevant dimensions to the new structure(s)
- Step 5. Make at least two copies and drop them off with your application

Example Plot Plan for Garage

Checklist

- Size: No smaller than 8.5" x 11"
- Hand Drawn Plans Accepted with ACCURATE Dimensions Noted
- Driveway Location
- Existing Buildings
- Location of Septic Tank, Well and Propane Tank
- Proposed Exterior Work Such As: Addition, Alterations, Deck, Generator, Shed, LP Tank or Pool.
- Street Names





ADDITIONS, DECKS, GARAGES, SHEDS, AND POOLS

Prior to putting an addition onto your home, installing an in-ground or above-ground swimming pool, or building a deck, garage or storage shed, approval is required from the Uncas Health District if you have a septic system. Section 19-13-B100a of the CT Public Health Code sets the conditions under which the District can approve the above construction.

A plot plan must be submitted which shows the exact location of your home, septic system, well and what you propose to build. Dimensions and separating distances must also be included. If you are adding an addition to your home, floor plans of the existing house and the proposed house, with all rooms labeled, must also be submitted.

The Health Code requires that before the District can approve any of these plans, there must either be a septic system on your property which meets all of the current regulations, or, there must be an area in which such a septic system could be installed if needed. In order to determine this, the District must examine records of test holes and percolation tests. If this information is not available, testing must be done before the District can approve or deny the proposal.

In addition, all the required separating distances to the septic system must be met. These distances include 10 feet to an above-ground pool; 25 feet to an in-ground pool; 5 feet to a deck; 5 feet to a storage shed or garage; 15 feet to an addition, provided there are no footing drains. If footing drains are provided, the separating distance to the septic system increases to 25 feet.

These regulations are necessary to ensure that if your septic system has to be replaced, there is an adequate area in which to install a proper system. If there is not enough area, the flow of water from your house may have to be reduced, and things such as washing machines and dishwashers may have to be eliminated.

Revised 6/2/2006

401 West Thames Street Suite #106, Norwich, CT 06360
Telephone No. (860) 823-1189 FAX No. (860) 887-7898
E-Mail: office@uncashd.org
Internet: www.uncashd.org



APPLICATION TO CONSTRUCT AN ADDITION, DECK, POOL OR GARAGE OR TO CHANGE THE USE OF A BUILDING

Owner's Name: _____ Phone Number: _____

Owner's Address: _____

Email address: _____

Property Address: _____ Town: _____

No. of Bedrooms Existing: _____ No. of Bedrooms after renovation/addition: _____

Request approval to:

Construct an addition: Number of rooms: _____ Size of addition: _____

Use of addition: _____

Construct a deck: Size of deck: _____

Construct a shed: Size of shed: _____ Type of foundation: _____

Install a pool: In-ground Above-ground Size of pool: _____

Construct a garage: Size of garage: _____

Other: Description and dimensions: _____

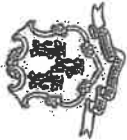
Change the use of the building or rooms in the building: Description of change: _____

Review Fee \$50.00 _____ Site Investigation Fee \$75.00 _____ Total Fee \$ _____

Fee Paid \$ _____ Cash _____ Credit Card _____ Check # _____ Receipt # _____ Date: _____

- * A plot plan showing the location of the existing building, any proposed additions, decks, garages, pools, etc., the septic system and the well must be submitted.
- * For an addition, a floor plan of the existing house and the proposed addition must also be submitted.
- * If test hole and percolation test data is not available, then a test hole(s) must be dug and a percolation test performed.
- * If the exact location of the septic tank & leaching field is not available, the owner must have them located, if deemed necessary, to ensure that all separating distance requirements are met.

Owner's or Agent's Signature: _____ Date: _____



State of Connecticut
Workers' Compensation Commission

DIRECTIONS for FILING FORMS 7A, 7B and 7C

7A - 7B - 7C
DIRECTIONS

RS 1-1-2008

Building Permit Requirements for Workers' Compensation

Section 31-288b 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 03 for employees who are Officers of a Corporation or Managers / Members of an LLC
Form 08-1 for employees who are Members of a Partnership



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

RS 1-1-2008

7A

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 _____

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, if applicable, 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.

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 above-named 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 am attest 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 31-283b 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 _____



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 you from workers' compensation coverage by filing one of the above-named forms listed below with the Workers' Compensation Commission, substantiate this form and, if applicable, sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

EXEMPT — 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 below:

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 31-283b 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 _____