



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

Building Permit Application

_____ Residential _____ Commercial

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	



State of Connecticut
Workers' Compensation Commission

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

Rev. 3-17-2006

7A - 7B - 7C
DIRECTIONS

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



**State of Connecticut
Workers' Compensation Commission**

Please TYPE or PRINT IN INK

Rev. 3-17-2006

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 _____



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 3-17-2006

7B

**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.

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 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 will 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 31-286b 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 _____



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 3-17-2006

7C

**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 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 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 31-286b 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 _____