



© Town of Bethany

## TOWN OF BETHANY LAND USE & BUILDING DEPARTMENT

Town Hall – 40 Peck Road  
Bethany, Connecticut 06524-3378  
Telephone: (203) 393-2100 ext. 1135

### Pool Application Check List

- Applicants must call QVHD (203) 248-4528 prior to applying with the Town.

#### **The Application must include:**

- QVHD approved permit including:
  - Approved QVHD Plot plan clarifying pool location.
  - Plot plan indicating 50 ft. setbacks from abutting property lines.

**Note:** If a lot has wetlands, it will be required to acquire permits from the Inland Wetlands Commission prior to acquiring permits with the Building Official. (Check with ZEO prior to the application, (203) 393-2100 ext. 1115).

#### ***Including:***

- Complete Building (Pool) Permit
- Complete Zoning Permit
- Payment (Call 203-393-2100 ext.1135 to confirm payment fees)
- Homeowner's Authorization if contractor is applying.
- Contractor's License
- Contractor's Certificate of Liability Insurance or
  - CT form 7A, 7B, or 7C Workers Compensation Waivers
- Pool plans (3 sets)



*Permit shall become invalid if the authorized work is not commenced within six months after issuance of the permit or if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work.*

**APPROVED BUILDING PLANS MUST BE AVAILABLE ON THE JOB SITE AT ALL TIMES.**

**THIS SECTION FOR OFFICE USE ONLY**

<u>What's Required?</u>	<u>No</u>	<u>Yes</u>	<u>Rec'd</u>
Owner Authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspection Process form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker's Compensation Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Registration or Contractor's License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filter Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fencing Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 sets of Building Plans – dated: _____ (if needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delinquent taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Occupancy	<input type="checkbox"/>	<input type="checkbox"/>	

**Fees:**

Date Received: \_\_\_\_\_

Amount: \_\_\_\_\_

Received By: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date submitted to Bldg Dept: \_\_\_\_\_

Bldg Permit #: \_\_\_\_\_

Date issued: \_\_\_\_\_

The State of Connecticut Building Code Requirements for Swimming Pool Barriers  
Based on the 2005 State Building Code  
and the Connecticut Supplement

**SECTION 3109**  
**SWIMMING POOL ENCLOSURES AND SAFETY DEVICES**

**3109.1 General.** Swimming pools shall comply with the requirements of this section and other applicable sections of this code.

**3109.2 Definition.** The following word and term shall, for the purposes of this section and as used elsewhere in this code, have the meaning shown herein.

**SWIMMING POOLS.** Any structure intended for swimming, recreational bathing or wading that contains water over 24 inches (610 mm) deep. This includes in-ground, above-ground and on-ground pools; hot tubs; spas and fixed-in-place wading pools.

**3109.4 Swimming pool barriers.** Residential and public swimming pool barriers shall comply with Sections 3109.4.1 through 3109.4.3.

**Exception:** A residential spa or hot tub with a safety cover complying with ASTM F 1346-91 (1996).

**3109.4.1 Barrier height and clearances.** The top of the barrier shall be at least 48 inches (1219 mm) above grade measured on the side of the barrier that faces away from the swimming pool. The maximum vertical clearance between grade and the bottom of the barrier shall be 2 inches (51 mm) measured on the side of the barrier that faces away from the swimming pool. Where the top of the pool structure is above grade, the barrier is authorized to be at ground level or mounted on top of the pool structure, the maximum vertical clearance between the top of the pool structure and the bottom of the barrier shall be 4 inches (102 mm).

**3109.4.1.1 Openings.** Openings in the barrier shall not allow passage of a 4-inch-diameter (102 mm) sphere.

**3109.4.1.2 Solid barrier surfaces.** Solid barriers which do not have openings shall not contain indentations or protrusions except for normal construction tolerances and tooled masonry joints.

**3109.4.1.3 Closely spaced horizontal members.**

Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal members is less than 45 inches (1143 mm), the horizontal members shall be located on the swimming pool side of the fence. Spacing between vertical members shall not exceed 1.75 inches (44 mm) in width. Where there are decorative cutouts within vertical members, spacing within the cutouts shall not exceed 1.75 inches (44 mm) in width.

**3109.4.1.4 Widely spaced horizontal members.**

Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal members is 45 inches or more, spacing between vertical members in residential pools shall not exceed 4 inches and spacing between vertical members in public pools shall not exceed 2 inches. Where there are decorative cutouts within vertical members, spacing within the cutouts shall not exceed 1.75 inches.

**3109.4.1.5 Chain link dimensions.** Maximum mesh size for chain link fences shall be a 2.25 inch square (57 mm square) unless the fence is provided with slats fastened at the top or the bottom which reduce the openings to no more than 1.75 inches (44 mm).

**3109.4.1.6 Diagonal members.** Where the barrier is composed of diagonal members, the maximum opening formed by the diagonal members shall be no more than 1.75 inches.

**3109.4.1.7 Gates.** Access gates shall comply with the requirements of Sections 3109.4.1.1 through 3109.4.1.6 and shall be equipped to accommodate a locking device. Pedestrian access gates shall open outward away from the pool and shall be self-closing and have a self-latching device. Gates other than pedestrian access gates shall have a self-latching device. Where the release mechanism of the self-latching device is located less than 54 inches (1372 mm) from the bottom of the gate, the release mechanism shall be located on the pool side of the gate at least 3 inches (76 mm) below the top of the gate, and the gate and barrier shall have no opening greater than 0.5 inch (12.7 mm) within 18 inches (457 mm) of the release mechanism.

**3109.4.1.8 Dwelling wall as a barrier.** Where a wall of a dwelling serves as part of the barrier, one of the following shall apply:

1. Doors with direct access to the pool through that wall shall be equipped with an alarm that produces an audible warning when the door and its screen or storm door are opened. The alarm shall sound continuously for a minimum of 30 seconds within 7 seconds after the door is opened and be capable of being heard throughout the house during normal household activities. The alarm shall automatically reset under all conditions. The alarm shall be equipped with a manual means to temporarily deactivate the alarm for a single opening. Such deactivation shall last no more than 15 seconds. The deactivation device shall be located a minimum of 54 inches above the door threshold.
2. The pool shall be equipped with a power safety cover which complies with ASTM F1346-91 (1996).
3. All doors with direct access to the pool through that wall shall be equipped with a self-closing and self-latching device with the release mechanism located a minimum of 54 inches above the door threshold. Swinging doors shall open away from the pool area.

**3109.4.1.9 Pool structure as a barrier.** Where an above-ground or on-ground pool structure is used as a barrier or where the barrier is mounted on top of the pool structure, and the means of access is a ladder or steps, then the ladder or steps shall be surrounded by a barrier that meets the requirements of Sections 3109.4.1.1 through 3109.4.1.8.

**Exception:** A residential spa or hot tub with a safety cover complying with ASTM F 1346-91 (1996).

**3109.4.2 Indoor swimming pools.** Walls surrounding indoor swimming pools shall be required to comply with Section 3109.4.1.8.

**3109.4.3 Prohibited locations.** Barriers shall be located so as to prohibit permanent structures, equipment or similar objects from being used to climb the barriers.

**3109.5 Entrapment avoidance.** Entrapment avoidance shall be in accordance with the provisions of Section 11 of ANSI/NSPI-1 2003.

**3109.6 Temporary enclosure.** A temporary enclosure shall be installed prior to the commencement of the installation of any in-ground swimming pool unless the permanent barrier specified in Section 3109 is in place prior to the commencement of the installation. The temporary enclosure shall be a minimum of 4 feet in height, shall have no openings that will allow passage of a 4-inch sphere and shall be equipped with a positive latching device on any openings.

**3109.7 Pool alarm.** No building permit shall be issued for the construction or substantial alteration of a swimming pool at a residence occupied by, or being built for, one or more families unless a pool alarm is installed with the swimming pool. As used in this section, "pool alarm" means a device that emits a sound of at least 50 decibels when a person or an object weighing 15 pounds or more enters the water in a swimming pool.

**Exception:** Hot tubs and portable spas shall be exempt from this requirement.

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I HAVE READ AND UNDERSTAND THE ABOVE CODE REQUIREMENTS AND AGREE TO  
INSTALL THE POOL BARRIER ON MY PROPERTY IN COMPLIANCE WITH THE ABOVE.

SIGNATURE OF HOMEOWNER OR AUTHORIZED AGENT

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ADDRESS OF HOMEOWNER \_\_\_\_\_

ADDRESS OF PROPERTY WHERE POOL IS BEING INSTALLED

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DATE \_\_\_\_\_

# TOWN OF BETHANY

## Administrative Zoning Permit

Permit #: \_\_\_\_\_

Job Location: \_\_\_\_\_ Assessor's Map: \_\_\_\_\_ Lot number: \_\_\_\_\_

**Applicant** Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant** Address: \_\_\_\_\_

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

**Note: Owner authorization required if applicant is not the owner of the property.**

**Owner** Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner** Address: \_\_\_\_\_

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

**Description of Work:** \_\_\_\_\_

Superstructure Dimensions: \_\_\_\_\_ Feet Deep \_\_\_\_\_ Feet Long \_\_\_\_\_ Feet High

Lot width: \_\_\_\_\_ Ft. Lot Area: \_\_\_\_\_ Acres **Total Cost (sheds only):** \_\_\_\_\_

Building Coverage (%): \_\_\_\_\_ Ground Coverage (%): \_\_\_\_\_

Zoning District:  R-65  R-130  B & I Area of Disturbance: \_\_\_\_\_ Acres

**Setbacks:** Front: \_\_\_\_\_ Rear: \_\_\_\_\_ Right Side: \_\_\_\_\_ Left Side: \_\_\_\_\_

Are there any easements, restrictive covenants, conservation easements or conservation restrictions related to this property? Yes/No (circle one). If yes, please provide copies. Number of copies \_\_\_\_\_

**By signing below I certify that the project will conform to all applicable laws, regulations and ordinances of the State of Connecticut and the Town of Bethany and that all information stated within is true and accurate. Falsification of information contained within may result in the revocation of this permit. I also grant permission for the zoning enforcement officer to conduct inspections during the pendency of the application and for the life of the permit.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner Applicant

Remarks: \_\_\_\_\_

In accordance with Public Act 03-144, the applicant may provide notice of the zoning certification associated with a building permit or certificate of occupancy by publication in a newspaper having substantial circulation in this municipality stating that the certification has been issued. Any such notice shall contain (A) a description of the building, use or structure, (B) the location of the building, use or structure, (C) the identity of the applicant, and (D) a statement that an aggrieved person may appeal to the zoning board of appeals in accordance with the provisions of section 8-7, as amended by this act.

**APPROVED / DENIED** By: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

**NOTICE:**

Issuance of this permit states that the applicant has provided sufficient evidence for **Zoning Compliance**. (See Inspection Process form for Certificate of Zoning Compliance information upon completion.)

Applicant must obtain the following signatures. All departments must review the same site and building plans. If a change has occurred in the plans, it is the applicant's responsibility to obtain a new application and begin the process again.

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**QVHD:**

Date: \_\_\_\_\_ Plan Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**Wetlands Enforcement Officer:**

Date: \_\_\_\_\_ Plan Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**Public Works Director:**

Date: \_\_\_\_\_ Plan Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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**Tree Warden:**

Date: \_\_\_\_\_ Plan Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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THIS SECTION IS FOR OFFICE USE ONLY

<u>What's Required?</u>	<u>No</u>	<u>Yes</u>	<u>Rec'd</u>
Owner Authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Road Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspection Process form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bethany Zoning Regulations Section 11 Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 sets of Site Plans - dated: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 set of Building Plans - dated: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flood Hazard Zone	<input type="checkbox"/>	<input type="checkbox"/>	
Zoning Certificate of Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wetlands Permit			

Reviewed by: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Zoning Permit #: \_\_\_\_\_

Date Issued: \_\_\_\_\_



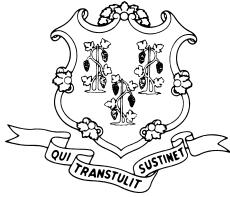
***AUTHORIZATION ACKNOWLEDGMENT  
TO APPLY FOR BUILDING AND  
LAND USE PERMITS.***

***TO: TOWN OF BETHANY  
Town Hall  
Land Use & Building Department  
40 Peck Road  
Bethany, CT 06524***

I certify that 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. We agree to conform to all applicable laws, regulations, and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Please check if you Agree.

Signature of Applicant: \_\_\_\_\_



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 \_\_\_\_\_

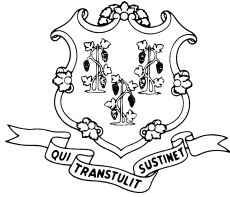
.....

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.**

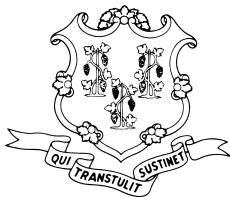
Signature of OWNER or SOLE PROPRIETOR Applicant \_\_\_\_\_

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 \_\_\_\_\_