



TOWN OF BETHANY LAND USE & BUILDING DEPARTMENT

Town Hall – 40 Peck Road
Bethany, Connecticut 06524-3378
Telephone: (203) 393-2100 Ext: 1135
Email: BDonovan@bethany-ct.com

This form shall be clipped to a plumbing permit.

APPLICATION FOR WATER PUMP SYSTEM PERMIT

Date: _____ Permit #: _____

Property Location: _____

Owner Name: _____ Cell Phone #: _____

Owner Address: _____

Contractor Name: _____ Cell Phone #: _____

Contractor Address: _____

New _____ Repair _____ Other: _____

Pump Data

Type: _____
Make: _____
Model: _____
Capacity: _____
HP Rating: _____

Tank Data

Type: _____
Make: _____
Model: _____
Capacity: _____

Estimated Cost: _____ Depth of Pump: _____

Depth of Well: _____ Is well vented: _____ Where: _____

Type of pipe installed: _____ Length: _____ Size: _____

Static Level of Well: _____ Length of Pipe: _____

The undersigned hereby makes application for the installation of a Water Pump System to be done in accordance with State and Town Codes.

Signed by the Contractor: _____ Date: _____

License #: _____ Type of License: _____ Wks. Comp: _____

Fee: _____ Date Fee Rec'd: _____ Approved: _____

Remarks: _____

BUILDING DEPARTMENT

MECHANICAL PERMITS APPLICATION PROCESS

- 1) Please be prepared to present the owner's authorization form. It could also be the signed contract page or an Email from homeowner authorizing, for you to pull out the permit on his/her behalf.
- 2) Please provide a copy of your valid contractor's license and workers' compensation documentation with the Town of Bethany listed as the certificate holder. In the event that you do have the electronic version of the workers' compensation insurance, it can be emailed to buildingclerk@bethany-ct.com in order to have the permit placed at the Building Official's desk for approval.
- 3) If you don't have workers' compensation, you could fill out the form (7A), (7B), or (7C) and have it notarized at the Town Clerk's office. *(the form can only be signed in front of the Town Clerk).*
- 4) Please be sure to complete the form with correct applicant/contractor/owner name, address, and zip code, contact number, and email address, in the event that we need to contact you with any questions or any other additional details needed for the Building Official.
- 5) Please do make sure to provide a complete address, including zip code, in order to mail the permit to you as soon as the Building Official has approved your application.

Have a pleasant day!

Please note that we will not receive permits without all applicable documentations being provided at the time of the application for permitting.

Electrical Permits' applicants must provide the CRS# from Eversource at the time of the application.



Building Department

TOWN OF BETHANY

(203) 393-2100 x1116

(203) 393-2100 x1117

Application for Plumbing Permit

Permit No. _____

Job Location _____ Date _____

Owner _____ Address _____

Owner(s) Phone _____

- Kind of Building
- | | | |
|--|--|---|
| <input type="checkbox"/> New - Residential | <input type="checkbox"/> Rehab - Residential | <input type="checkbox"/> Addition - Residential |
| <input type="checkbox"/> New - Non-residential | <input type="checkbox"/> Rehab - Non-residential | <input type="checkbox"/> Addition - Non-residential |

Number of Families _____

Description of work to be done _____

Piping Material: Drain _____ Waste _____ Vent _____ Water _____

Septic Tank _____ Sewer _____ Well _____

Ejector System _____ Solar _____

Mfg. of Pressure Balance Valve _____

Fixtures and Appliances

Location	B'mt	1st	2nd	3rd	Location	B'mt	1st	2nd	3rd
Sink					Urinal				
Bathtub					Dishwasher				
Shower					Clothes Washer				
Toilet					Disposal				
Lavatory					Water Heater				
Wash Tub									

Phone # _____

Plumbing Contractor _____ Cell # _____

Address _____ License # _____ Type _____

Cost of Work _____ Permit Fee _____

Approved: _____

Signature of Plumbing Contractor

Signature of Inspector

Remarks: _____

Note: On request of the issuing authority the applicant shall furnish plans and design information on all systems to be installed under this permit. All work shall comply with the Connecticut State Building Code.

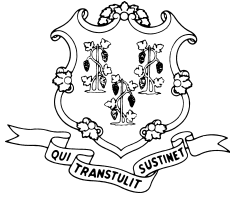
***AUTHORIZATION ACKNOWLEDGMENT
TO APPLY FOR BUILDING AND
LAND USE PERMITS.***

***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 _____

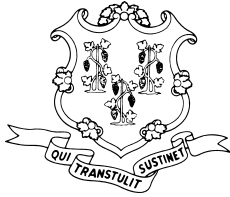
.....

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.

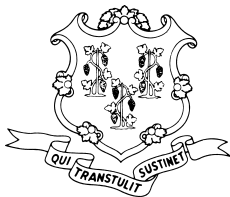
Signature of OWNER or SOLE PROPRIETOR Applicant _____

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 _____