



**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

© Town of Bethany

APPLICATION FOR WATER TREATMENT SYSTEM PERMIT

Date _____

Permit # _____

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

Location _____

New System _____

Owner _____

Replacement System _____

Address _____

Make of Unit _____

Type of Unit _____

Telephone # _____

Contractor _____

*State License # _____

Address _____

*Type of License _____

Worker's Compensation _____

Telephone # _____

Estimated Cost _____

Signature _____

Fee _____

Approved _____

Date _____

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.

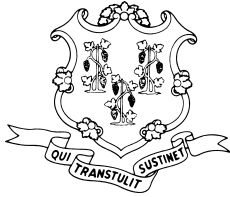
***AUTHORIZATION ACKNOWLEDGMENT
TO APPLY FOR BUILDING AND
LAND USE PERMITS.***

***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 _____

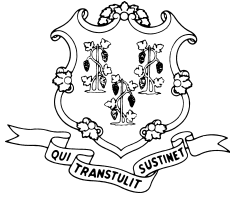
.....

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.

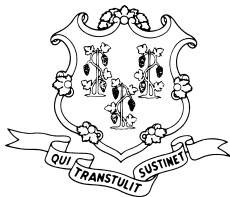
Signature of OWNER or SOLE PROPRIETOR Applicant _____

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 _____

Town of Bethany Zoning Inspection Process

Lina V. Cortez - Frazer

Zoning Enforcement Officer
Inland & Wetlands Enforcement Officer
Building & Land Use Administrator
Office Hours: Mon-Fri 9:00 a.m. - 4:00 p.m.
Phone: (203) 393-2100 x1115

1. Contractor/owner needs to sign “Zoning Inspection Process” notice prior to issuance of any Zoning Permit.
2. No inspections will be made if appropriate Zoning and Building Permits have not been posted.
3. No inspections will be made and no Zoning Permit, Superstructure Permit or Certificate of Zoning Compliance will be issued if the house number isn’t prominently displayed.
4. **PRIOR TO CONSTRUCTION OF SUPERSTRUCTURE:**
 - **Three (3) zoning improvement location surveys done to a Class A-2 level must be received showing the location of the foundation and footing drains;**
 - **Inland Wetlands and Zoning site inspections are required.**
5. An A-2 level site plan (stamped and sealed by a surveyor licensed in CT.) may be submitted to the Zoning Enforcement Office prior to the issuance of a Certificate of Zoning Compliance and may contain the following information:

____ Location of completed dwelling ____ Calculation of final height of dwelling
____ Location of accessory structures ____ Location of completed driveway
____ Calculation of final driveway grades ____ Other:

6. **Certificate of Zoning Compliance:** The owner or builder must request *in writing or email* (lfrazer@bethany-ct.com) that a Certificate of Zoning Compliance be issued *prior* to use and occupancy of such construction, if required by the terms of the Zoning Permit.
7. *At least 14 days notice, exclusive of weekends and holidays, is needed before issuance of Certificate of Zoning Compliance.*

I have read the above and agree to comply with this process.

Signature: _____

Date: _____

Building Inspection Process

Brian Donovan
Building Official
Office Hours by Appointment
(203) 393-2100 Ext. 1116
BDonovan@bethany-ct.com

Maher Hussein
Assistant Building Official
Office Hours by Appointment
(203) 393-2100 Ext. 1117
AsstBldgInspector@bethany-ct.com

1. No inspections will be made if appropriate Zoning and Building Permits have not been posted.
2. No mechanicals inspections will be made prior to the issuance of the mechanical permits.
3. Requests for inspections appointments must be made with the Building Inspector by telephone. Such requests require at least two full days notification, exclusive of weekends and holidays. *A re-inspection fee of \$50 will be paid to the Town of Bethany by the property owner or contractor if an inspection is made and the work is not completed and not ready for such inspection or does not comply with the Connecticut State Building Code. No further inspections will be performed prior to receipt of the \$50 fee.*
4. **Soil / Footing Inspection:** Must call for an inspection when the forms are set and *prior* to pouring concrete.
5. **Foundation Inspection:** *Prior* to backfilling foundation – must call for an inspection. Footing drains, tar membrane, waterproofing, and rigid insulation should be installed prior to calling for inspection if these items are applicable.
6. **A-2 As Built:** Three A-2 as-builts are required prior to the construction of the superstructure.
7. **Framing inspection:** *All* electrical, plumbing, heating and other mechanical permits must be secured. If not previously submitted, heat loss/gain calculations must accompany all HVAC Permit Applications. A full framing inspection will be conducted in conjunction with all electrical, plumbing and HVAC roughs. All fire-stopping components shall be installed.
8. **Hearth inspection:** Rebar installed before poured.
9. **Smoke Chamber inspection:** at start of first floor
10. **Insulation Inspection:** Must be done *prior* to installing the sheetrock.
11. **Final Inspection:** Contractor or owner must call for a final inspection.
12. **Certificate of Zoning Compliance / Building Use and Occupancy:** The owner or builder must request *in writing or email (lfrazier@bethany-ct.com)* the closing of the any opened permits. A Certificate of Occupancy OR a Certificate of Approval will be issued by the Building/Land Use Departments of the Town of Bethany *prior* to the use and occupancy of such construction, if required by the terms of the Building Permit. A Certificate of Use and Occupancy generally requires the approval of the following departments: Building, Highway, Inland Wetlands, Quinipiack Valley Health Department, and Zoning as well as all mechanical permits having been obtained.
13. *At least 14 days notice, exclusive of weekends and holidays, is needed before issuance of a Certificate of Zoning Compliance / a Certificate of Approval/ a Certificate of Occupancy.*
14. **Fire Marshal:** Any commercial occupancy will be subject to review and inspections from the Fire Marshal. Said inspections will be done in conjunction with the Building Department. All commercial occupancies will need to comply with the current Connecticut Fire Safety Code and shall be subject to annual inspections. Call for inspection at (203) 393-2100 ext. 1119.

I have read the above and agree to comply with this process.

Signature: _____

Date: _____