



© Town of Bethany

TOWN OF BETHANY LAND USE AND BUILDING DEPARTMENT

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

Building Addition 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 addition dimensions and 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. Or if an addition were to be 1000 sq. ft., it would require Planning and Zoning Commission approvals. (Check with ZEO prior to the application, (203) 393-2100 ext. 1115).

Including:

- Complete Zoning Permit
- Complete Building 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
- 3 sets of Building Plans

TOWN OF BETHANY

Building Permit

(New Home, Additions, Interior Renovations, Decks, Sheds
& Other Structures)

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 (include dimensions): _____

Superstructure Dimensions: _____ Feet Deep _____ Feet Long _____ Feet High

Air Conditioning: _____ # of Bedrooms: _____ Living Area: _____ sq. ft.

Foundation Type: _____ Use Group: _____ Construction Type: _____

Superstructure Height: Front: _____ Rear: _____ Left: _____ Right: _____

Applicant's Estimated Value:

Footing/Foundation: \$ _____ Superstructure: \$ _____ Total Cost: _____
(exclude mechanicals)

Building Official's Estimated Value:

Footing/Foundation: \$ _____ Superstructure: \$ _____ Total Cost: _____
(exclude mechanicals)

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.

Signature: _____ Date: _____
Owner Applicant

Flood Plain: A/100: _____ AE/100: _____ X500: _____ NONE _____

Remarks: _____

APPROVED / DENIED By: _____ Date: _____

Reason for Denial: _____

NOTICE:

- All mechanicals require separate permits and appropriate fees.
- Certificates of Use and Occupancy are required prior to occupancy of a building.

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.

Zoning Enforcement Officer:

Date: _____ Plan Date: _____ Signature: _____

Fire Marshal:

(Required for Commercial Permits Only)

Date: _____ Plan Date: _____ Signature: _____

QVHD:

(Required only if no Zoning Permit Needed)

Date: _____ Plan Date: _____ Signature: _____

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"/>
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"/>
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"/>	
Building 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: _____

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.

QVHD:

Date: _____ Plan Date: _____ Signature: _____

Wetlands Enforcement Officer:

Date: _____ Plan Date: _____ Signature: _____

Public Works Director:

Date: _____ Plan Date: _____ Signature: _____

Tree Warden:

Date: _____ Plan Date: _____ Signature: _____

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: _____

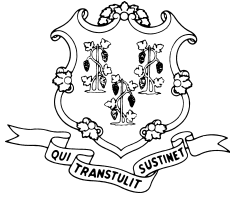
***AUTHORIZATION ACKNOWLEDGMENT
TO APPLY FOR BUILDING AND
LAND USE PERMITS.***

***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 _____

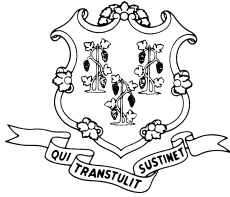
.....

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.

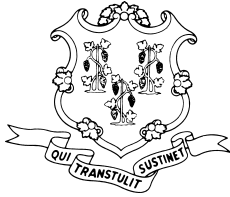
Signature of OWNER or SOLE PROPRIETOR Applicant _____

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 _____