



© 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

Barn Application Check List

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

The application must include:

- Must provide QVHD approved permit prior to the application including:
 - Plot plan clarifying Barn location.
 - Plot plan indicating 50 ft setbacks from abutting property lines.

Including:

- Complete Zoning Permit (*proof of total max % of ground coverage, and total max % of total building coverage from all structures and/or dwellings*).
 - ***Must check:*** (*If the barn were to be above 1000 sq. ft. must acquire Commissions approval and a 100 ft setback will be required, proof of total max % of ground coverage, and total max % of total building coverage from all structures and/or swellings, call the ZEO, and*
 - ***If a lot has wetlands,*** it will be required to acquire permits from the Inland Wetlands Commission prior to acquiring permits with the Planning and Zoning Commission and/or with the Building Official. (Check with the ZEO prior to the application, (203) 393-2100 ext. 1115).

NOTE: See the below schedule for the Max (%) on the Total Building Coverage and Total Ground Coverage per your Zoning District, which you will be required to provide and attest to at the time of the application.

- 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 (which also includes the approved plan from QVHD).

Must also provide the Mailing Certificate from the Post Office:

Complete the following steps to bring to the post office to acquire the mailing certificate as required to complete the permit application package: Call the Building Clerk for the list of all 100 ft. abutters to the property.

- Fill out Postal Service form 3877 with the names and addresses of all abutters.
- Postmark envelopes with ZEO letter to each abutter, include copies of the permits.

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: _____

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: _____

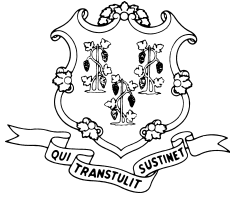
***AUTHORIZATION ACKNOWLEDGMENT
TO APPLY FOR BUILDING AND
LAND USE PERMITS.***

***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 _____

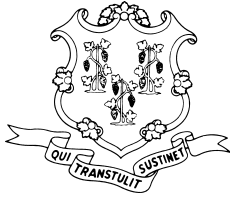
.....

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.

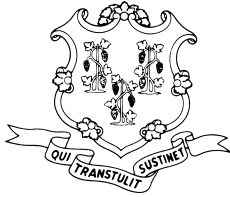
Signature of OWNER or SOLE PROPRIETOR Applicant _____

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 _____

The following instructions are for the preparation and use of the firm mailing book for Adult Signature Required, Adult Signature Restricted Delivery, Certified Mail®, Certified Mail Restricted Delivery, Collect on Delivery (COD), Insured Mail, Priority Mail Express®, Priority Mail® (bearing an IMpb), Registered Mail™, Signature Confirmation™, and Signature Confirmation Restricted Delivery:

1. Complete or print all forms in ink.
2. The name and address of the sender must appear at the top of each form.
3. A complete return address must appear on each article.
4. Make sure the articles are properly packaged.
5. Enter the postage, fees, and all other services in the appropriate columns on the forms.
6. These additional extra services may also be added when available by standards [see *Mailing Standards of the U.S. Postal Service, Domestic Mail Manual (DMM®) 503.0*] and under the following conditions:
 - a. **Return Receipt service** — The “Return Receipt Requested” endorsement must be placed above the delivery address and to the right of the return address on the article. For a hardcopy signature, you must fill in the return address and article number on the PS Form 3811 (green return receipt card) before attaching it to the article.
 - b. **Restricted Delivery or Special Handling-Fragile service** — The applicable endorsement must be placed above the delivery address and to the right of the return address on the article.
7. When the mailer describes and lists three or more individual pieces on PS Form 3877, but does not present the pieces in the order shown on the sheets, the mailer must consecutively number each entry line on the sheet and lightly number each piece to show both the corresponding sheet and line number.
8. The total number of articles listed must be entered in the proper space at the bottom of the form.
9. Complete a duplicate form for COD, Priority Mail Express, and Registered Mail articles. One copy serves as the mailer’s receipt, the other as the acceptance Post Office™ copy. See DMM 215.3.0.c.
10. All unused portions of the “Addressee” column must be obliterated by drawing a diagonal line through the unused portion on each form.
11. **Insured Articles:**
 - a. **Coverage** — Postal insurance covers (1) the value to the contents at the time of mailing, if lost or damaged, or (2) the cost of repairs. It does not cover spoilage of perishable items. Coverage may not exceed the limit fixed for the insurance fee paid or the indemnity coverage if insurance is included in the product at no additional charge. The maximum indemnity payable for the reconstruction of nonnegotiable documents under Priority Mail Express

document reconstruction insurance is \$100 per piece subject to additional limitations for multiple pieces lost or damaged in a single catastrophic occurrence. The maximum indemnity payable on Priority Mail Express merchandise is \$100 for domestic mail and \$200 for international mail, but optional insurance is available for up to \$5,000 domestically and to some, but not all countries. Consult either the DMM or the International Mail Manual (IMM) for details of insurance limits and coverage online at <http://pe.usps.com/>.

1. **Domestic** — Domestic insurance covers the actual (depreciated) value of the contents or the cost of repairs. The limitations on coverage include, but are not limited to the following: No coverage is provided for consequential losses, delay, concealed damage, spoilage of perishable items, articles improperly packaged, or articles too fragile to withstand normal handling in the mail. (See DMM 609.4.3 for a complete list of non-payable claims.)
 2. **International** — International insurance coverage is subject to both U.S. Postal Service® regulations and the domestic regulations of the destination country. Insurance coverage varies by country and is not available to some countries. The addressee must report damage of an insured article’s contents to the delivering Post Office immediately. No coverage is provided for delay, prohibited articles, concealed damage, or consequential losses.
- b. **Filing Claims** — Domestic indemnity claims must be filed within 60 days from the date the article was mailed. Visit www.usps.com/domestic-claims. International indemnity claims for Registered Mail and Insured Mail may be filed after an inquiry has been completed. Visit www.usps.com/international-claims. (Inquiry must be made within six (6) months from the date the article was mailed). APO/FPO: Indemnity claims for Priority Mail Express Military Service must be filed within 180 days from the date of mailing. Indemnity claims for all other classes of APO/FPO/DPO mail must be filed within one (1) year from the date of mailing. Retain the original mailing receipt as proof of insurance until the claim is resolved. File a claim for damage or for complete or partial loss of contents immediately but no later than 60 days from the mailing date. Retain the mailing container, including wrapping, packaging, and any contents received, and you must make them available to the Post Office for inspection, retention, and disposition until the claim is resolved. Submit sales slips, receipts, bills, or repair estimates to substantiate your claim.

Appeals — Appeals of Postal Service™ decisions on claims must be made within 30 days of the date of the original decision to Domestic Claims Appeals. Submit appeals to the Accounting Service Center (see DMM 608.8.0).
 - c. Only customers filing online may appeal a decision online through www.usps.com/insuranceclaims/online.htm.

Additional Instructions and Declaration of Value of Registered Mail

Senders of all domestic and international Registered Mail are required to declare the full value of articles presented for registration. Neither the Postal Service nor its postal employees are authorized to waive this requirement or to permit or condone any violation or evasion of it.

Registered Mail Articles:

- a. Avoid listing Registered Mail articles on the same form with any other non-registered articles.
- b. Affix red Label 200, *Registered Mail*, above the address and to the right of the return address. Commercial mailers generating IMpb shipping labels must use Label 200-N or USPS-approved facsimile in lieu of Label 200.
- c. Avoid using tapes that will not absorb postmarking ink to seal Registered Mail articles. See DMM 503.2.3.3.

For domestic articles, postal insurance is included in the fee for articles with a value of at least \$0.01 up to a maximum insured value of \$50,000. Postal insurance is not available for articles with no value (\$0.00). The fees for articles valued over \$50,000 include insurance up to \$50,000, and increasingly higher fees for handling costs. The full value of the article must be declared at the time of mailing, as shown in DMM 503.2.2.1, and the corresponding fee must be paid.

Indemnity for international Registered Mail (except to Canada) is extremely limited, and is set by the Universal Postal Union. See IMM 333.

The maximum indemnity is \$50,000 for domestic Registered Mail.

Domestically the fees for articles valued over \$50,000 include insurance up to \$50,000, and charges for handling costs. These charges do not increase the liability of the Postal Service.

Additional fees will be collected on domestic Registered COD Mail under the same conditions as outlined for regular Registered Mail, except that the additional fee shall be based on the amount by which the declared value of the article exceeds the limit of indemnity payable for the Registered COD Mail fee paid.

See Notice 123, *Price List*, for fee schedules.

The following standards are furnished as guides in declaring the value of representative types of matter commonly sent as Registered Mail:

Kind of Mail Matter	Value to Be Declared
<i>Negotiable Instruments</i> Instruments payable to bearer, including stock certificates endorsed in blank.	Market value. (All values are based on the value at the time of mailing.)
<i>Nonnegotiable Instruments</i> All registered bonds, warehouse receipts, checks, drafts, deeds, wills, abstracts, and similar documents. Certificates of stock are considered nonnegotiable so far as declaration of value is concerned unless they are endorsed in blank.	No value, or replacement cost if postal insurance coverage is desired. (See <i>Note</i> below.)
<i>Money</i>	Full value.
<i>Jewelry, Gems, Precious Metals</i>	Market value or cost.
<i>Merchandise</i>	Market value or cost.
<i>Nonvaluables</i> Matter not having intrinsic value such as letters, files, records, etc.	No value, or replacement cost if postal insurance coverage is desired. (See <i>note</i> below.)

Note: Mailers who do not know replacement costs should contact a person or firm familiar with such documents and determine replacement costs before the articles are mailed.



Name and Address of Sender		Check type of mail or service <input type="checkbox"/> Adult Signature Required <input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail <input type="checkbox"/> Certified Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation <input type="checkbox"/> Collect on Delivery (COD) <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail		Affix Stamp Here <i>(for additional copies of this receipt).</i> Postmark with Date of Receipt.												
USPS Tracking/Article Number	Addressee (Name, Street, City, State, & ZIP Code™)	Postage	(Extra Service) Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	RD Fee	RR Fee	SC Fee	SCRD Fee	SH Fee		
1.				Handling Charge - if Registered and over \$50,000 in value												
2.																
3.																
4.									Adult Signature Required	Adult Signature Restricted Delivery	Restricted Delivery	Return Receipt	Signature Confirmation	Signature Confirmation Restricted Delivery	Special Handling	
5.																
6.																
7.																
8.																
Total Number of Pieces Listed by Sender	Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee)														

Mailer's Approval for Privately Printed Facsimile PS Form 3877

For three or more pieces with extra services presented for mailing at one time, the mailer may use PS Form 3877 (firm sheet) or privately printed firm sheets in lieu of the receipt portion of the individual form.

The Postal Service allows mailers to use privately printed or computer-generated firm sheets that contain the same information and that are nearly identical to the USPS-provided PS Form 3877, *Firm Mailing Book For Accountable Mail*. For the locations where you are presenting your mailings, the local postmaster or manager of Business Mail Entry provides approval of the form in writing. On the mailer's approved form, you may omit columns that are not applicable to the extra service requested. For additional information, see DMM 503.1.10.

Mailers must retain their original written approvals by the postmaster or manager of Business Mail Entry, as evidence that their privately prepared facsimile of PS Form 3877 was approved by the Postal Service. The Postal Service does not retain documentation of the facsimile approval. Mailers using privately printed forms must periodically verify them against the USPS-provided versions, make routine updates, and obtain approval of the updated facsimile form.

When using an approved, privately prepared form, a mailer who wants the firm sheets postmarked by the Postal Service must present the books with the articles to be mailed at a Post Office. The sheets of the books become the mailer's only receipt; the Postal Service does not retain a copy.

For Registered Mail and COD, the mailer submits the forms in duplicate and receives one copy as the mailer's receipt after the USPS employee accepting the mailing has verified the entries.

For Certificates of Mailing with domestic or international mailings, the mailer must use either PS Form 3665, *Certificate of Mailing – Firm*, or PS Form 3817, *Certificate of Mailing*. For Certificates of Bulk Mailing, the mailer must use either PS Form 3606-D, *Certificate of Bulk Mailing — Domestic*, or PS Form 3606, *Certificate of Bulk Mailing — International*.