



© Town of Bethany

**TOWN OF BETHANY**  
**LAND USE & BUILDING DEPARTMENT**

Town Hall – 40 Peck Road  
Bethany, Connecticut 06524-3378  
Telephone: (203) 393-2100 ext. 1115

**New Residential Home 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:
  - Site plan clarifying Residential Home location.
  - Site plan indicating 50 ft setbacks from abutting property lines.

***Including:***

- Complete Zoning Permit (Engineer Seal Plan must include *proof of total max % of ground coverage, and total max % of total building coverage from all structures and/or dwellings*).
  - ***Must check:*** *(If detached structures are 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 dwellings, call the ZEO for further reference (203) 393-2100 ext. 1115).*
  - ***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).
  - ***If necessary, commissions' approvals are to be acquired prior to applying for Building Officials' approvals.***

***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 with site plan approval (which also includes the approved plans 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.

**SETBACKS FOR STRUCTURES**

4.4 Schedule of Height, Area and Yard Requirements.

	<i>R-130</i>	<i>R-130</i>	<i>R-65</i>	<i>R-65</i>	<i>B-1</i>	<i>B-1</i>	<i>EHD***</i>
District	(WSO)	(WSO)	(WSO)				
Lot area	130,000	130,000	65,000	87,120	65,000	87,120	130,000
min. (sq. ft.)							
Buildable	43,560	87,120	43,560	87,120	43,560	87,120	Variable
Area min. (sq. ft.)							Sec. 9.3.2
Buildable area must be non-wetland, contiguous land. As defined herein as Lot Area (Buildable).							
Lot Width	300	300	200	200	200	200	100
min. (ft.)							
Total Building	10	10	10	10	30	30	15
Coverage max. (%)							
Total Ground	15	15	15	12	75	60	Varies
Coverage max. (%)							



Front Yard min.(ft.)	50	50	50	50	70	70	50
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Side Yard min.(ft.)	50	50	50	50	20*	20*	50**
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• An accessory structure as a shed of up to 200 square feet may be located within 20 feet of a side property line. The shed may have electricity but may not have water service.

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Rear Yard min.(ft.)	50	50	50	50	50*	50*	50**
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• An accessory structure as a shed of up to 200 square feet may be located within 20 feet of a rear property line. The shed may have electricity but may not have water service.

Building	35	35	35	35	35	35	1½ stories or
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Height	25 feet which-						
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max. (ft.)	ever is less						
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\* See also Section 10.2.L.4.b.3. and Sec 5.3.D. Minimum width yard in addition to Buffer Planting Zone where property adjoins or abuts a residence or residence zone.

\*\* Required building setbacks only; Parking setback min. 90 ft. See Section 9.

District	HOD	AHOZ	VCD	MCPD
Lot Area Min	30 acres	None; as per underlying zone	Project dependent	Use dependent
Buildable Area Min.	See Sec 7.3	All bulk Stds as may be approved by Special Permi	Per underlying Zone or as permitted by Special Permi	Minimum Lot area of Underlying zone
Lot Width Min.	See Sec 7.3	“	“	100’



Total Bldg. Coverage Max.	10%	“	As permitted by Special Permit	30%
Total Ground Coverage Max.	20%	“	“	40%
Front yard Min.	50' exterior 10' interior	“	“	75'
Side yard Min.	10'	“	“	35'
Rear yard Min.	50' exterior 10' interior	“	“	35'
Building Height Max.	35'/2.5 stories	35'/2.5 Stories	40'/ 3 stories	40'/3 stories

WSO = Public drinking water supply watershed land.

\*\*\*Unit density in the EHD, see Sections 9 and Section 7.

The addition to an existing structure of temporary ramps or other handicap access facilities is permitted within the minimum yard or setback for as long as they are needed for that purpose.



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

# 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.**

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**Zoning Enforcement Officer:**

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

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**Fire Marshal:**

(Required for Commercial Permits Only)

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

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**QVHD:**

(Required only if no Zoning Permit Needed)

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"/>
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

## Building Permit

(FOUNDATION)

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:**

**INSTALL FOUNDATION FOR FUTURE** \_\_\_\_\_

Structure Dimensions: \_\_\_\_\_ Feet Deep \_\_\_\_\_ Feet Long \_\_\_\_\_ Maximum Height

Applicant's Estimated Value: \_\_\_\_\_ Footing and Foundation: \$ \_\_\_\_\_

Building Official's Estimated Value: \_\_\_\_\_ Footing and Foundation: \$ \_\_\_\_\_

**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

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

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

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

*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"/>
3 sets of Foundation Plans – dated: _____ (if needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delinquent taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Fees:**

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

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

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

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

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

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

Bldg Foundation 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: \_\_\_\_\_

# 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](mailto: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

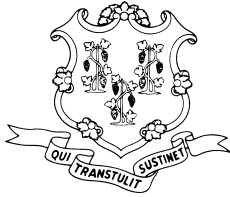
**Maher Hussein**  
Assistant Building Official  
Office Hours by Appointment  
(203) 393-2100 Ext. 1117  
AsstBldgInspector@bethany-ct.com

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: \_\_\_\_\_



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 \_\_\_\_\_

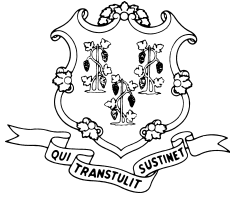
.....

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.**

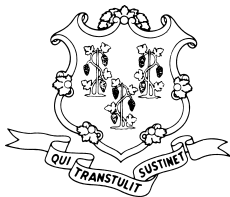
Signature of OWNER or SOLE PROPRIETOR Applicant \_\_\_\_\_

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 \_\_\_\_\_