

**COMMERCIAL
BUILDING APPLICATION
TOWN OF SOUTHBURY**

BUILDING PERMIT # _____

Owner _____ Address _____

Applicant _____ Address _____

Property Location _____

D.B.A. _____

Assessor's Map # _____ Block # _____ Lot # _____

Owner Verification _____ Unique ID# _____

Call before you dig 1- 800-922-4455 _____

Tax Office Approval _____

Disposal of Construction Debris _____

ALL APPLICATIONS for Building Permits must have architectural plans showing elevations, floor plans and structural design specifications and elevation grades. Plans over 5000 square feet must have the seal of an architect, registered in the **State** of Connecticut, and contain all information required by the State Building Code. TWO sets of complete plans are to be submitted for review by the building department and fire marshal's office in accordance with Section 111.5 of the State of CT Building Code and 1-5.10 of the State of CT Fire Safety Code. Complete plans should also include, electrical, plumbing, HVAC, sprinkler and all other required information. Plans not complying with these requirements may be rejected as incomplete and must be re-submitted for approval.

Sq. Ft. _____ CO Fee _____

Permit # _____

Date _____

Fee \$ _____

Receipt No. _____

Valuation \$ _____ **(not to include plumbing, electric or heating costs)**

Owner's Signature _____ Date _____

Agent's Signature _____ Date _____

Telephone # _____ or Cell Phone# _____

ALWAYS check with the Health Department, 203-264-9616, 800 Main Street South.

CONTRACTORS:

Construction: Name _____ License # _____
Plumbing: Name _____
Electrical: Name _____
Heating: Name _____
Mason: Name _____

TYPE OF PROJECT:

One family dwelling _____ Commercial _____ Sign _____
Two family dwelling _____ Re-roofing _____ Siding _____
Addition _____ Demolition _____ Pool _____
Alteration _____ Foundation Only _____ Tent _____

Description of Construction:

Complete the following information:

Construction Classification _____ Use Group _____ Sprinklers _____
Size of footings: width _____ height _____ depth below grade _____
Foundation wall: width _____ height _____
Floor joist size/spacing : first floor _____ second floor _____
Ceiling joist size/spacing: _____
Beam/Girder size/span: _____ Column type and spacing _____
Wall sheathing: _____ Exterior finish _____

Specify any specialized material or construction to be used:

Roof rafters size/spacing _____ pitch _____ roofing material _____
Roof sheathing _____
Height of building _____
Number of bedrooms-currently _____ After construction _____

CONNECTICUT
WORKERS COMPENSATION INSURANCE
AFFIDAVIT

DATE: _____

OWNER(S): _____

APPLICANT: _____

PROPERTY LOCATED AT: _____, Southbury, CT

I, _____, the owner/applicant of the above described property, hereby swear and attest that I will require proof of **Workers Compensation Insurance** from each and every subcontractor or other worker before he/she engages in work on my property.

I understand that every person employed or engaged to perform services on the construction site (including sole proprietors, independent contractors and both owners and employees of subcontracting companies), is required to have **Workers Compensation Insurance**.

OR

I _____, the contractor working at the above listed location hereby swear and attest that I claim exemption from Public Act 96-216 as a sole proprietor and I do not intend to act as a general contractor or principal employer. I understand that there are significant penalties under the Workers Compensation laws for misrepresenting ones employer status.

(signed)

(date)

OATH:

Notary/Commissioner of Superior Court,
Justice of Peace
Date Commission Expires: _____

“Subscribed and sworn to before me
this _____ day of _____, _____”.

THE FOLLOWING INSPECTIONS ARE TO BE MADE:

- a. Footing before pouring
- b. Footing drains and waterproofing before backfilling
- c. Fireplace – footings, hearth and final
- d. Rough framing
- e. Rough electrical
- f. Rough plumbing
- g. Rough heating
- h. Insulation
- i. Final inspection for C.O. **BEFORE OCCUPANCY**

Additional permits are required for **electrical**, **plumbing** and **heating** from this department.

Attach required RES information for energy requirements.

- Health Department approval required before C.O. can be issued
- Zoning Compliance approval required before C.O. can be issued
- Driveway approval required from Selectman's office prior to C.O.