



Town of Preston
 Building Department
 389 Route 2
 Preston, CT 06365

Building Permit Application

_____ Residential _____ Commercial

Thomas Weber, Building Official Building@preston-ct.org (860) 887-5581 Ext. 130
 Leigh Pappas, Admin. Assistant Lpappas@preston-ct.org (860) 887-5581 Ext. 103

Property Location of Work To Be Completed At _____

Property Owner _____ Phone _____
 Contractor _____ Phone _____
 Address _____
 Email _____ License # _____
 Description of Work To Be Completed _____

Estimated Cost of Labor & Materials \$ _____

	Quantity	New	Replacement	Description Details/ Dimensions
Doors				
Pool/ Spa				
Roofing				Remove Existing? ___ Yes ___ No
Shed				
Siding				
Solar				
Windows				
Structural Changes?		___ Yes	___ No	

Signature of Owner or Authorized Agent: (initial appropriate box below and sign)

The applicant certifies and agrees as follows: 1. ___ I am the owner of record of the named property or ___ the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent 2. the information is correct; 3. that the project will comply with all regulations of the Town of Preston which are applicable hereto: 4. that they will only perform work on the above property specifically described in this application: 5. that they grant Town Officials the right to enter onto the property for the purpose of inspecting the work permitted.

Print Name _____ Signature _____ Date _____

All work must be done in accordance with requirements of the current State of Connecticut Building Code, Ordinances and Regulations as adopted by the Town of Preston.

Zoning Enforcement Use Only

Application is hereby made for a Zoning Permit for the purposes described herein and shown on the accompanying plans. Work is to commence no earlier than 7:00 AM Weekdays and 9:00 AM on Weekends. Applicants for permitted residential dwellings or additions such as buildings shall submit a plot plan, drawn to scale, on a separate piece of paper (See example provided as part of this application). A permit issued on the basis of this application certifies conformance with the Zoning Regulations of the Town of Preston.

ZEO Signature _____ Date _____

ZEO Comment _____

Office Use Only

Application Received in Building Department on
(Date Stamp)

Building	
Electrical	
Mechanical	
Plumbing	
Zoning	

Valuation	
Education Fee	
Total Fees Due	
Cash/Check #	
Permit # ISSUED	



Town of Preston
 Building Department
 389 Route 2
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Permit Application

Electrical Mechanical Plumbing

Residential Commercial

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 Leigh Pappas, Admin. Assistant Lpappas@preston-ct.org (860) 887-5581 Ext. 103

Property Location of Work To Be Completed At _____

Property Owner _____ Phone _____

Contractor _____ Phone _____

Address _____

Email _____ License # _____

Description of Work To Be Completed _____

Estimated Cost of Labor & Materials \$ _____

	Fuel Type	New	Replacement	Make/ Model #/ Description
Air Conditioning				
Boiler				
Chimney/ Flue				
Fireplace				
Furnace				
Generator				
Above Ground/ Buried Tank				

Signature of Owner or Authorized Agent: (initial appropriate box below and sign)

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Print Name _____ Signature _____ Date _____

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(Date Stamp)

Building	
Electrical	
Mechanical	
Plumbing	
Zoning	

Valuation	
Education Fee	
Total Fees Due	
Cash/Check #	
Permit # ISSUED	



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 Building Department
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Information for Permit Needed by The Assessor

The undersigned hereby applies for a permit to:

_____ Erect, _____ Alter, _____ Enlarge, _____ Repair, _____ Remove, _____ Demolish,

A building or structure herein described and in accordance with plans and specifications submitted.

Property Location _____ Preston, CT.

Property Owner _____ Phone _____

Type of Construction		Size of Building
Number of Baths	Tile Bath	Shower
Jacuzzi/ Hot Tubs	Gal.	Ceramic
Walls	Floors	Number of Bedrooms
Interior Walls	Flooring	Air Conditioning
Heating Type	Fuel Type	Deck Size _____ x _____
Fireplace	Fuel Type	
Accessory Building Size _____ x _____		Use
Garage Size _____ x _____	Attached ___ Yes ___ No	Total Floor Area
<u>Estimated Construction Value \$</u>		

Description of Proposed Work Under This Application _____

The applicant agrees to comply with all provisions of the building code and with the provisions of all other laws and rules governing building construction.

Print Name _____ Signature _____ Date _____



Permit # _____

Application for Site Testing and the Installation of Sewage Disposal Systems

Property Location: Town: _____ Street: _____ Street #: _____ Lot #: _____

Owner: _____ Phone No: _____

Address: _____

Installer / Owner Email address: _____

Installer: _____ License #: _____ Expiration date: _____

Address: _____ Phone No: _____

No of Bedrooms: _____ Use of Structure: _____

Garbage grinder/disposal? No Yes Whirlpool/Oversized tub? No Yes # of Gals. _____

Non-residential design criteria: _____ Flow _____ GPD

Within 200 ft. of: A public water supply? Yes No A public sewer? Yes No Water Supply: Public Well

Footing Drain: Yes No Curtain Drain: Yes No In-ground Fuel Tank: Yes No Easements on Lot: Yes No

On a Flood Plain?: Yes No Wetlands: Yes No Within 100 ft of a Watercourse or Pond: Yes No

DISTRICT USE ONLY

Site Testing - \$100.00/lot	<input type="checkbox"/> New System	<input type="checkbox"/> Subdivision	No. of lots _____	\$ _____
Additional Testing -	<input type="checkbox"/> \$75.00/lot		No. of lots _____	\$ _____
Septic Repair/Renovation Testing -	<input type="checkbox"/> \$75.00			\$ _____
Perc Testing Fill -	<input type="checkbox"/> \$50.00			\$ _____
Groundwater Monitoring -	<input type="checkbox"/> \$100.00			\$ _____
Sewage Disposal System Permit -	<input type="checkbox"/> New Residential System \$125.00			
	<input type="checkbox"/> Commercial System \$150.00	<input type="checkbox"/> Transfer or Renew Permit \$50.00		
	Residential System: <input type="checkbox"/> Repair	<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Sewer Line	<input type="checkbox"/> D-Box \$100.00
				\$ _____
Plan Review -	<input type="checkbox"/> Residential \$75.00 w/1 rev.	<input type="checkbox"/> Commercial \$150.00 w/1 rev.		
	<input type="checkbox"/> Subdivision/Site Plan 1 lot w/ 1 rev \$75.00			
	<input type="checkbox"/> Subdivision/Site Plan 2 or more lots w/1 rev. \$100.00	# of lots _____		
	<input type="checkbox"/> Well Only \$25.00	<input type="checkbox"/> Revisions \$25.00/lot	# of lots _____	\$ _____
Total Fee Due:				\$ _____
Fee Paid: \$ _____	Cash: <input type="checkbox"/> Charge Card	<input type="checkbox"/> Check #: _____	Receipt #: _____	Date: _____
Fee Paid: \$ _____	Cash: <input type="checkbox"/> Charge Card	<input type="checkbox"/> Check #: _____	Receipt #: _____	Date: _____

Signature of Installer: _____ Date: _____

- > The installer must present a copy of his current license and sign the application in person at the District office.
- > A set of house plans must be submitted with the application for new construction.
- > The applicant for site testing must arrange for a backhoe and supply 10 gallons of water on-site.
- > A minimum of 4 test holes and a perc test, in the primary and reserve areas, are required per lot.
- > An accurate plot plan, to scale, must accompany the application.
- > The fee must be submitted with the application prior to testing the lot.

For District Use Only

Soil tests conducted (date): _____

Area of Special Concern: Yes No If yes, reasons: _____

Engineered plan required: Yes No

If yes, Name of Engineer: _____

Address of Engineer: _____

Design Plan Approved (date): _____ Approved By: _____

Date of Approved Plan: _____

Revision Date: _____

Well Permit Approved (date): _____

Well Driller's Name: _____

Well Driller's Address: _____

Permit to Construct Issued (date): _____



Town of Preston
Building Department
389Route 2
Preston, CT 06365

Plot Plan

Many land use authorizations or building permit applications for the Town of Preston require plot plans. This handout has been prepared to assist applicants in preparing plot plans. It lists the information that must appear on the plot plan and shows a sample plot plan for your reference.

A plot plan is an accurate drawing or map of your property that shows the size and configuration of your property and the size and precise location of most man-made features (i.e., buildings, driveways, utility lines and walls or fences) on the property. Plot plans show both what currently exists on the property and what the desired physical changes are, that will change the physical appearance of the land and man-made features.

When do you need to draw a plot plan?

Plot plans are required to accompany most applications that change how the property will be used or that are needed in order to construct something on the property.

For example, plot plans are required when you apply for:

- Building permits to build an addition, construct a new structure, alter an existing structure or do other exterior work such as installing pools, generators, sheds and decks.
- A variance for Zoning Compliance
- A change of use of the structure

A plot plan is also helpful to have when you have questions about what you can and cannot do on your property. It will help Town personnel to see the specific and unique conditions of your site. They can then provide you with specific rather than general information. This is particularly important when activities involve Zoning Compliance and Building Code requirements.

What does a plot plan show?

A plot plan must contain the following information:

1. Name and address of the owner of the property
2. Address of the property (if different from the owner's address)
3. The location and dimension of driveway (existing and proposed)
4. Identification of adjacent streets
5. Any easement that crosses the property or other pertinent legal features
6. The property lines and property dimensions
7. Locations, sizes and shapes of any structures present on the site and proposed for construction
8. Dimensions showing: front, side and rear yard setbacks, size of structures, porches, pools and decks

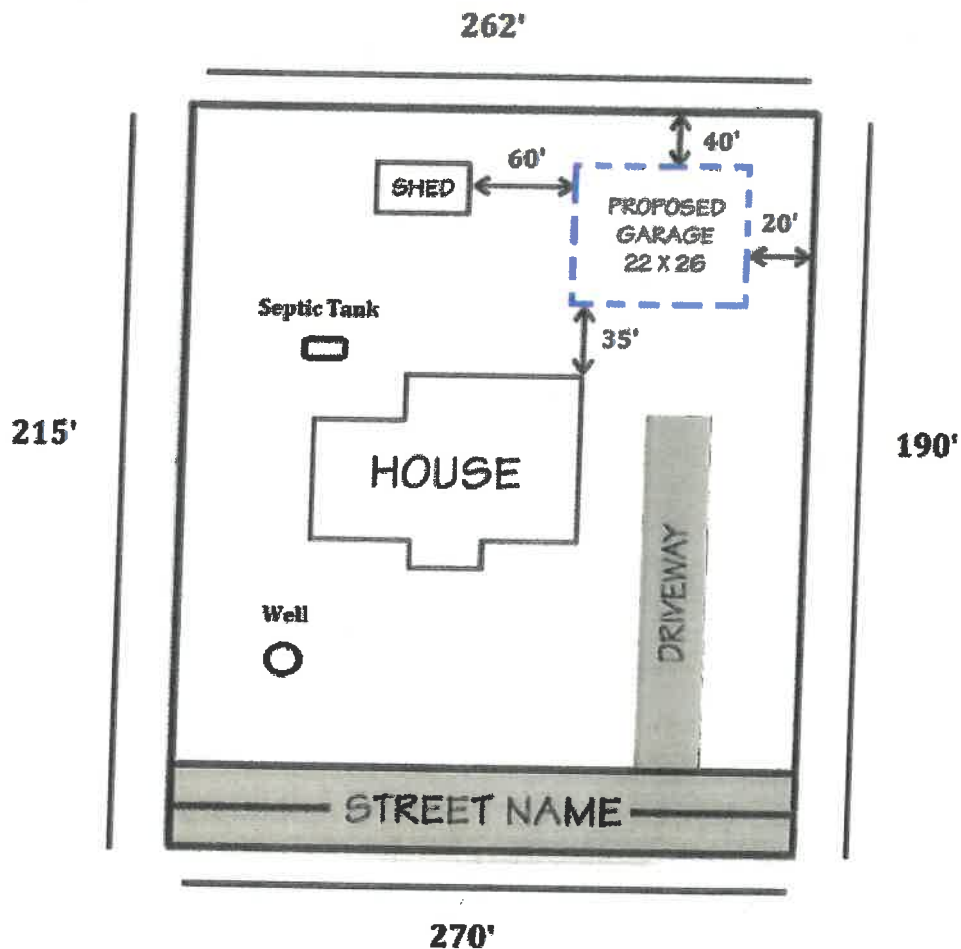
How to prepare a simple plot plan

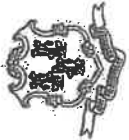
- Step 1. Access the Preston GIS website and search for your property (http://www.prestongis.com/ags_map)
- Step 2. Search for your property and from there you can print a quick map to scale
- Step 3. Verify that all of the man-made structures are noted as listed above
- Step 4. Add/Draw onto the map the proposed structures (to scale) and include the relevant dimensions to the new structure(s)
- Step 5. Make at least two copies and drop them off with your application

Example Plot Plan for Garage

Checklist

- Size: No smaller than 8.5" x 11"
- Hand Drawn Plans Accepted with **ACCURATE** Dimensions Noted
- Driveway Location
- Existing Buildings
- Location of Septic Tank, Well and Propane Tank
- **Proposed Exterior Work** Such As: Addition, Alterations, Deck, Generator, Shed, LP Tank or Pool.
- Street Names





State of Connecticut
Workers' Compensation Commission

DIRECTIONS for FILING FORMS 7A, 7B and 7C

7A - 7B - 7C
DIRECTIONS

RS 1-17-2000

Building Permit Requirements for Workers' Compensation

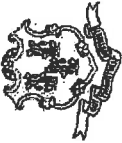
Section 31-288b of the Workers' Compensation Act requires anyone who requests a building permit to first submit "proof of workers' compensation coverage for all of the employees who are engaged to perform services on the site of the construction project for which the permit was issued."

The only exceptions to this law are the sole proprietor or property owner who will not be acting as general contractor or principal employer.

What to give to the Building Official to obtain a Building Permit:

1. The General Contractor or Principal Employer must provide a written certificate of workers' compensation insurance for all of the employees on their project. This certificate may not be for liability, disability or any other type of insurance.
2. The Sole Proprietor or Property Owner who will not act as a general contractor or principal permit, a **FORM 7A** should be completed and given to the building official.
3. The Sole Proprietor or Property Owner who will act as a general contractor or a principal employer must provide a written certificate of workers' compensation insurance for all of the employees on their project and must file a **FORM 7B** with the building official — OR he will sign a sworn notarized affidavit on **FORM 7B**, stating that he will require proof of workers' compensation insurance for all those employed on the job site.
4. The General Contractor or Principal Employer who has properly excluded himself from coverage using the appropriate WCC form (see **NOTE** below) must file the **FORM 7C** with the building official. This form certifies that they have properly excluded themselves, and attests that they will require proof of workers' compensation insurance from every employee that works on the designated job site.

NOTE: The general contractor or principal employer may exclude himself from workers' compensation coverage by filing one of the following forms with the appropriate Workers' Compensation Commission district office:
Form 9B for employees who are Officers of a Corporation or Managers / Members of an LLC
Form 9B-1 for employees who are Members of a Partnership



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

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 _____

7B

Rev. 3-17-2008

State of Connecticut
Workers' Compensation Commission
Please TYPE or PRINT IN INK



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 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 31-282b of the Workers' Compensation Act.

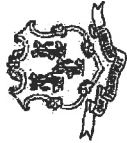
Signature of OWNER or SOLE PROPRIETOR Applicant _____
Name of Business—If applicable _____
Federal Employer ID# (FEIN)—If applicable _____

Subscribed and sworn to before me this _____ day of _____, 200__

Signature of Notary Public / Commissioner of the Superior Court _____

Rev. 3-17-2008

State of Connecticut
Workers' Compensation Commission
Please TYPE or PRINT IN INK



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 property excluded 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.

EIBET—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 31-282b 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 _____