

Small Accessory Structure

(including sheds)

Less than 200 square feet

Required Applications & Documentation

1. Zoning and Building Application, signed by Property Owner **\$ 100.00**
and signed by Haddam Tax Department
2. Site Plan of the property, at a **SCALE of 1"=20' or 1"=40'**, showing all structures, dimensions, location of proposed shed, distance from the shed to the property boundaries, distance from the shed to the well & septic system
– **1 COPY**
3. B100a Application – Health Dept. **No Fee.** This form is required so that the Health Department can confirm that the septic system is not impacted.

This is for 200 Square feet detached structures or smaller. On the description please tell us what you will be using the structure for. If you need a building permit you will need to provide us with plans.

A clarification for when a building permit is or is not required for a detached structure:

R105.2 Work exempt from permit. Exemption from the permit requirements of this code shall not be deemed to grant authorization for any work to be done in any manner in violation of the provisions of this code or any other laws, statutes, regulations or ordinances of the town, city or borough, or the State of Connecticut. Permits shall not be required for the following work:

Building:

1. One-story detached accessory structures used as tool and storage sheds, playhouses and similar uses, provided the floor area does not exceed 200 square feet. If the structure has footings or a foundation, you DO need a Building Permit.

For all other uses a building permit will be required regardless of the square footage. Also, if you are doing footings/piers for the structure you will need to take out a building permit.

If a Building Permit is required, the Building Permit fee will be assessed when the application is reviewed by the Building Official. You will be notified of the fee after review.

TOWN OF HADDAM
BUILDING AND ZONING APPLICATION TEL# 860-345-8531

**YOUR APPLICATION TO THE BUILDING DEPARTMENT WILL NOT BE REVIEWED UNTIL ALL OTHER REQUIREMENTS HAVE BEEN COMPLETED.*

Permit Location _____
Number _____ Street Name _____

Owner's Name _____			
Mailing Address _____			
No.	Street	P.O. Box	

Town	State	Zip Code	

Applicant _____			
Mailing Address _____			
No.	Street	P.O. Box	

Town	State	Zip Code	

Phone # _____
E-Mail: _____
Cell# _____
License # _____
Phone # _____
E-Mail: _____
Cell# _____

CONSTRUCTION: New _____ Alteration _____ Addition _____ Repair _____ Demolition _____ Estimated Cost _____

BRIEF DESCRIPTION OF PROPOSED WORK: _____

PROPOSED	Total Sq. Ft.	No. of	Building	Use	Construction
NEW WORK	of New Work _____	Stories _____	Height _____	Group _____	Type _____

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, HEATING, PLUMBING, FIREPLACE, MASORNY, WELL, WELL, PUMP & SEPTIC

OTHER APPROVALS OR REVIEWS REQUIRED/RECEIVED

DATE

____ Tax Collector _____

____ Variance. _____

____ Health Dept. _____

____ Inland Wetlands _____

____ DW Bond/E&S Bond _____

____ Fire Marshal _____

Certification: I hereby 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 the application as an authorized agent, and we agree to conform to applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Owner _____ Date _____

Agent _____ Date _____

Is any work being done within 100 feet of a lake, pond, river, perennial stream and/or soil types designated as poorly drained, very poorly drained, alluvial and flood plain?

YES _____ NO _____

Would you like your building plans returned to you after issuance of a Certificate of Occupancy?

YES _____ NO _____

OFFICE USE ONLY

Building Permit # _____ Map # _____ Lot # _____ Lot Size _____ Zone _____

____ APPROVED ____ DISAPPROVED	
Permit Fee Pd _____	Ck# _____ Zoning Permit# _____
Zoning Official _____	Date _____
Comments: _____	

____ APPROVED ____ DISAPPROVED	
Permit Fee Pd _____	Ck# _____
Building Official _____	Date _____
Comments: _____	

White: Building Department

Yellow: Zoning Department

Pink: Assessor

Gold: Applicant

TOWN OF HADDAM
BUILDING AND ZONING APPLICATION TEL# 860-345-8531

**YOUR APPLICATION TO THE BUILDING DEPARTMENT WILL NOT BE REVIEWED UNTIL ALL OTHER REQUIREMENTS HAVE BEEN COMPLETED.*

Permit Location 81 MAIN STREET
Number Street Name

Owner's Name <u>JOHN Smith</u>		
Mailing Address	<u>81 MAIN STREET</u>	
No.	Street	P.O. Box
<u>HADDAM CT 06438</u>		
Town	State	Zip Code

Phone # 860 345 1299
E-Mail: johnsmith@gmail.com
Cell# 860 756-1234

Applicant <u>Tom Jones BUILDER</u>		
Mailing Address	<u>22 Oak ST.</u>	
No.	Street	P.O. Box
<u>MIDDLETOWN CT 06023</u>		
Town	State	Zip Code

CONTRACTOR INFORMATION

License # 529992
Phone # 860 555 1111
E-Mail: tomj@gmail.com
Cell# 860 555-2222

CONSTRUCTION: New ☐ Alteration ☐ Addition ☐ Repair ☐ Demolition ☐ Estimated Cost

BRIEF DESCRIPTION OF PROPOSED WORK:

PROPOSED	Total Sq. Ft.	No. of	Building	Use	Construction
NEW WORK	of New Work	Stories	Height	Group	Type

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, HEATING, PLUMBING, FIREPLACE, MASONRY, WELL, WELL PUMP & SEPTIC

OTHER APPROVALS OR REVIEWS REQUIRED/RECEIVED

	DATE
Tax Collector	
Variance	
Health Dept.	
Inland Wetlands	
DW Bond/E&S Bond	
Fire Marshal	

Certification: I hereby 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 the application as an authorized agent, and we agree to conform to applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

<u>John Smith</u>	<u>10/31/17</u>
Owner	Date
<u>Tom Jones</u>	<u>10/31/17</u>
Agent	Date

Is any work being done within 100 feet of a lake, pond, river, perennial stream and/or soil types designated as poorly drained, very poorly drained, alluvial and flood plain?
YES ☐ NO ☐

Would you like your building plans returned to you after issuance of a Certificate of Occupancy?

YES ☐ NO ☐

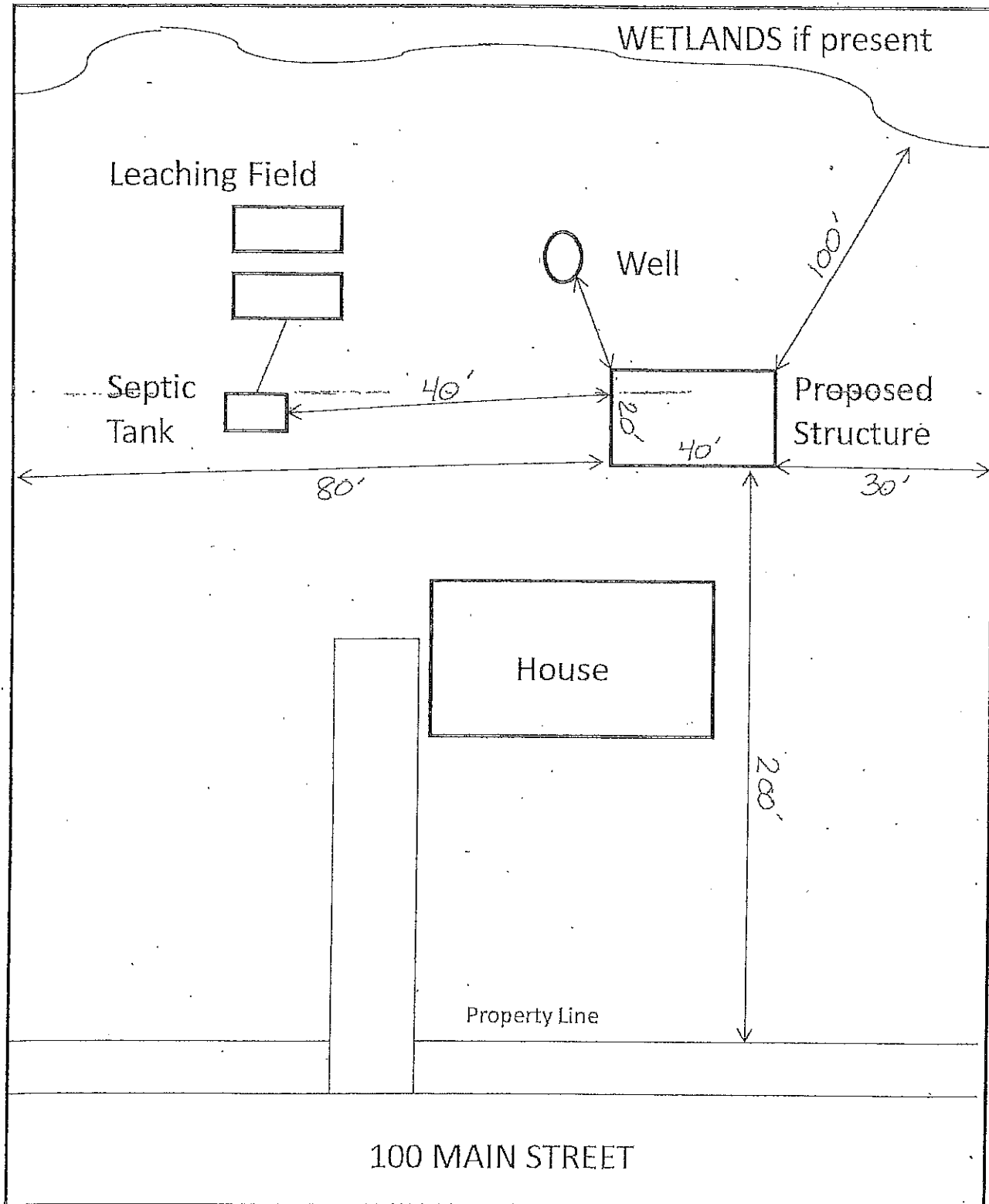
OFFICE USE ONLY

Building Permit # Map # Lot # Lot Size Zone

<u>APPROVED</u> <u>DISAPPROVED</u>	
Permit Fee Pd	Ck# <u> </u> Zoning Permit# <u> </u>
Zoning Official	Date <u> </u>
Comments: <u> </u>	

<u>APPROVED</u> <u>DISAPPROVED</u>	
Permit Fee Pd	Ck# <u> </u>
Building Official	Date <u> </u>
Comments: <u> </u>	

SITE PLAN EXAMPLE



EXAMPLE ONLY - ALL SITE
PLANS SHOULD BE DRAWN TO
SCALE



Connecticut River Area Health District

455 Boston Post Road, Suite 7

Old Saybrook, CT 06475

Telephone (860) 661-3300 · FAX (860) 661-3333

Application #: _____

Fee: \$100.00

Payable to: CRAHD

B-100a: Application

Note: A diagram of the proposed addition or accessory structure in relation to existing structures, property lines, septic system and water source must be shown on attached detailed plot plan. Proposed building plans must also be submitted with this application. Submit any/all septic system information and soil testing available for the subject property.

Circle Town: Old Saybrook Clinton Deep River Haddam

Date: _____ Property Address: _____

Owners Name: _____ Owners Phone #: _____

Applicant Name: _____ Applicant Address: _____

Applicant Phone # _____ Applicant Fax # _____

Existing Structure: [Residential _____ Number of Bedrooms _____]

[Non-Residential _____ Describe _____]

Water Service: Well ☐ Public ☐ Year Septic System Installed: _____

Type of Application:

☐ Building Conversion (Winterization)

☐ Change in Use (Addition of Bedrooms etc.) Existing Bedrooms _____ Proposed Bedrooms _____

☐ Building Addition Existing sq.ft _____ Proposed sq.ft _____

☐ Accessory Structure, ex. Garages, Pools, Sheds, Decks.

☐ Lot Division, Lot Line Change, Lot Reduction

Give a brief description of proposed application:

Applicable to Old Saybrook Only: Is the property in the Wastewater Management District: YES NO

Print: _____ Sign: _____
(Owner or authorized agent)

Address: _____ Check# _____ Cash _____

Building Conversion, Change in Use:

☐ Applicable

Has a code complying area been determined for this property?

☐ Yes ☐ No

Will the proposed change result in greater than 50% increase in design flow?

☐ Yes ☐ No

• If yes, will the property owner be required to expand the existing septic system?

☐ Yes ☐ No

Building Addition:

☐ Applicable

Has a code complying area been determined for this property?

☐ Yes ☐ No

If a code complying area is not found, does the application meet the following conditions?

1. Replacement area **provides** 50% of effective leaching area

☐ Yes ☐ No

2. Replacement area **provides** 50% of MLSS requirement

3. **No** exception(s) to well separation distance is required

4. The addition does **not** reduce the potential repair area

5. The addition does **not** increase the design flow of building

Will the proposed addition result in greater than 50% increase in design flow?

☐ Yes ☐ No

• If yes, will the property owner be required to expand the existing septic system?

☐ Yes ☐ No

Accessory Structure:

☐ Applicable

Has a code complying area been determined for this property?

☐ Yes ☐ No

If a code complying area is not found, does the application meet the following conditions?

1. Accessory structure, etc. does **not** reduce the potential repair area and the separation distances between the accessory structures, etc. and any part of the existing septic system shall comply with technical standard requirements.

☐ Yes ☐ No

Lot Division, Lot Line Change, Lot Reduction:

☐ Applicable

Has a code complying area been determined on the lot containing the existing building and has a code complying primary and reserve are been determined for the new lot?

☐ Yes ☐ No

Will the septic system be repaired: YES NO Approved ☐ ☐ Not Approved

Comments: _____

Signed: _____ Date: _____