

SWIMMING POOLS

Required Permits & Documentation

1. Zoning and Building Application, signed by Property Owner and signed by Haddam Tax Department **\$ 100.00**
2. Health Department: B100a Application – septic review **\$ 100.00**
3. Site Plan of the property, at a **SCALE of 1"=20' or 1"=40'**, showing all structures, dimensions, location of proposed pool, distance from the pool to the property boundaries, distance from the pool to the well & septic system – **3 COPIES**
4. Technical/Structural Specifications for pool – **2 COPIES**
5. Pool Alarm Information/Specifications.
6. Copy of Contractor License.
7. Copy of Contractor Workmen's Compensation Insurance/ or Signed Form 7B if Homeowner is acting as General Contractor.
8. Signed Barrier Code Compliance Affidavit (can be obtained from Building Dept.)
9. Demonstrate Compliance with Section AG 105 (Barrier Requirements).

Please confer with the Building Department for an initial review of your documentation (and to obtain specialized forms and information) at the time of application.

At the time of Application,

2 payments are required, either cash or check, payable to:

- | | |
|---|---|
| 1) CT River Area Health District (CRAHD) --- \$ 100.00 | |
| 2) Town of Haddam | --- \$ 100.00 (includes State fee) |

The application package is first reviewed by the Health Department. Once approved, it is then reviewed by the Zoning Officer. Once approved by Zoning, the application package is then sent to the Building Department. You will be contacted by the Building Department once the application is in that Department. There will be a Building Permit Fee due, payable to the Town of Haddam, based on the Estimated Cost of the project. Additional Permit(s) will be required for Electrical work.

Note: If any additional information or documentation is required by the Zoning, Health, or Building Departments, you will be contacted by those departments.

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 NEW WORK	Total Sq. Ft. of New Work _____	No. of Stories _____	Building Height _____	Use Group _____	Construction 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 JOHN Smith
Mailing Address 81 MAIN STREET
No. Street P.O. Box
HADDAM CT 06438
Town State Zip Code

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

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

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

SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, HEATING, PLUMBING, FIRE ALARMS, 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.

John Smith 10/31/17
Owner Date
Tom Jones 10/31/17
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 ☐

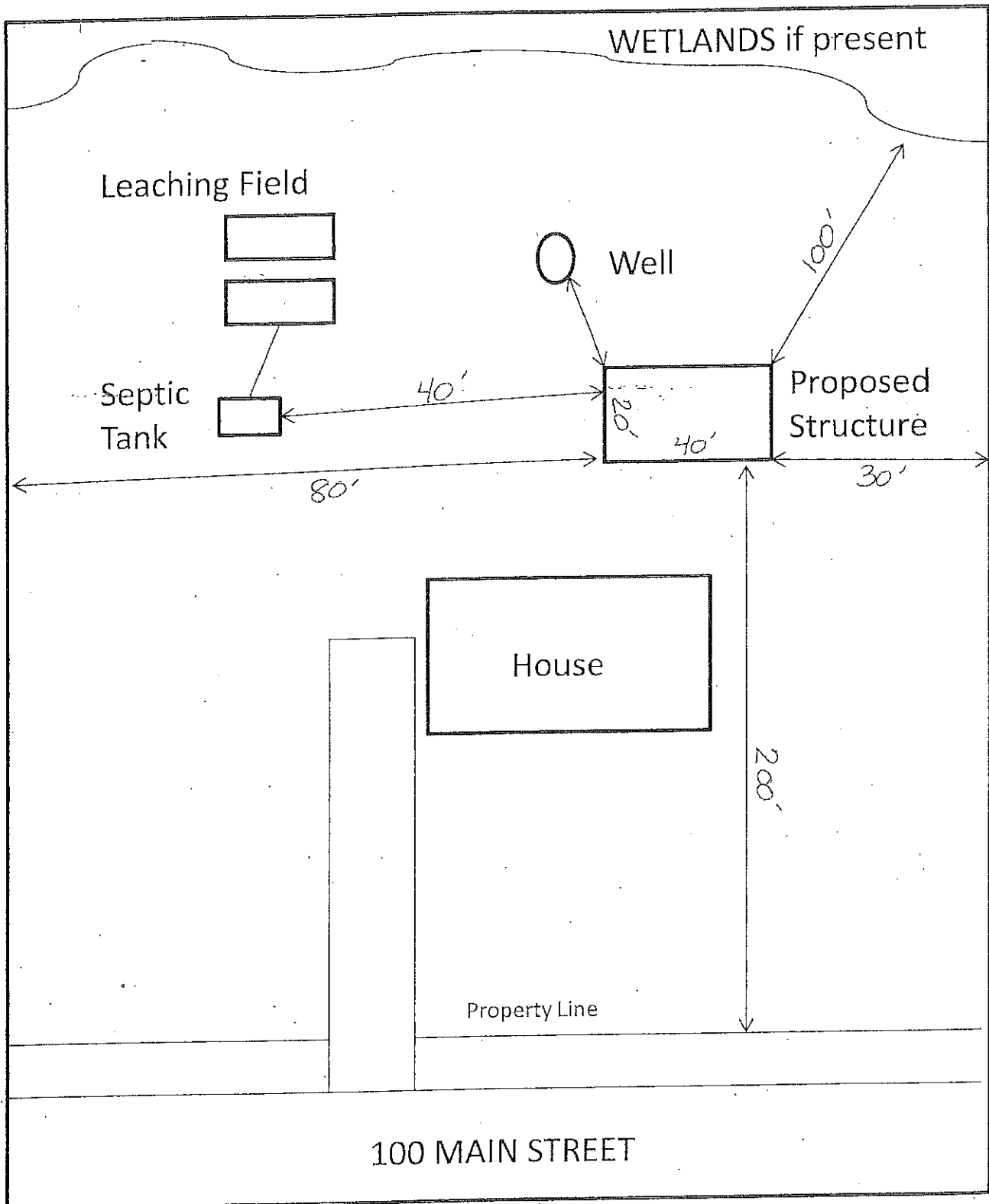
OFFICE USE ONLY

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:

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

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: _____

BARRIER CODE COMPLIANCE AFFIDAVIT

Pool being purchased from: _____

Address for new pool: _____

Property Owner's Name: _____

OWNER'S PLEASE INITIAL APPROPRIATE ITEMS BELOW:

_____ We have been made aware of, and will meet the pool barrier requirements.

_____ There will be a minimum 48" high fence with self-closing/self-latching gates, with gate latch operating mechanism minimum 54" above grade, between the pool and the residence.

_____ There will be a fence with gates as above between adjacent properties and I/We will be using the residence wall as a barrier will meet all safety requirements for doors and windows in the residence wall.

_____ I/@We have been made aware that we will not be able to have a "Pre-Plaster" Building Safety inspection (i.e. The inspection that would allow the filling of the pool with water) until all pool barriers are in place and all Zoning Ordinance requirements and Building Safety Code requirements have been met.

_____ I/We agree to have our fence contractor erect a temporary fence immediately after pool excavation. The fencing must be approved in writing before work on the pool continues

_____ I/We agree **not** to use the pool until a final inspection has been done and a certificate of use has been issued.

Signature of Property Owner(s) _____ Date: _____

_____ Date: _____

TOWN OF HADDAM

BUILDING DEPARTMENT

REQUIRED INSPECTIONS

According to Section R109 of the IRC and section 110 of the IBC within the 2016 Connecticut State Building Codes, construction or work for which a permit is required shall be subject to inspection and the work shall remain accessible and exposed for inspection purposes until approved. It is the duty of the permit applicant to keep the work accessible and exposed and to request inspections. '12 IBC 110.5

The Building Dept. requires at least two (2) business days' notice prior to requested inspection.

Depending on the scope of work of each project and permit the following inspections may be required:

Work shall not be done beyond the point indicated in each successive inspection without first obtaining the approval of the building official. Any portions that do not comply shall be corrected and such portion shall not be covered or concealed until authorized by the building official. '12 IBC 110.6

- A preliminary inspection of buildings, structures and sites is authorized by the building official prior to issuing a permit. This can be helpful with alterations.
'12 IBC110.2
- Footing/soil inspection done after excavation for footings are complete and any required reinforcing steel is in place.
'12 IBC 110.3.1
- Foundation inspection of formwork and any required reinforcing steel must be in place.
'12 IBC 110.3.1
- Footing Drain and foundation coating in place and prior to backfill.
- Concrete slab and under floor inspection done after in-slab and under-floor reinforcing steel and building service equipment, conduit, piping accessories and other ancillary equipment items are in place and before any concrete is poured or floor sheathing is installed, including the subfloor and required insulation at edge of slab. The required **vapor barrier** is also required to be inspected prior to concrete placement.
'12 IBC 110.3.2
- Well trench (48" minimum trench depth with 6" sand bed with well lines covered with a minimum of 12" of clean material over)
- Lowest floor elevation verification. This applies to construction in flood hazard areas only.
'12 IBC 110.3.3

TOWN OF HADDAM

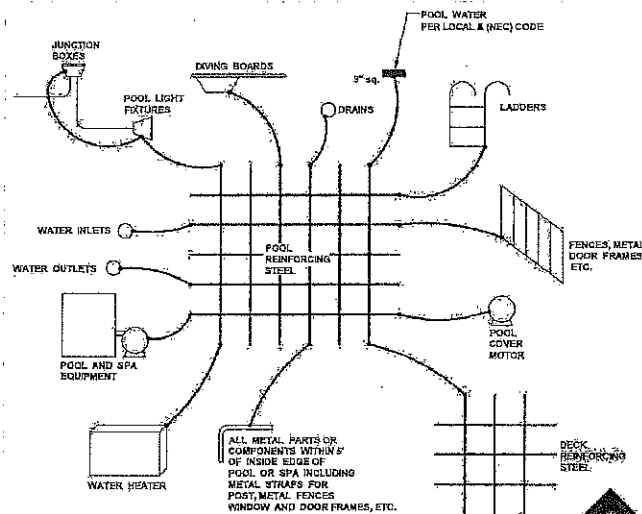
BUILDING DEPARTMENT

REQUIRED INSPECTIONS

- Permanent electrical service/Electric trench if underground. (24"-36" minimum trench depth with 6" sand bed with conduits covered with a minimum of 12" of clean material over with dig safe tape 6" above conduit)
- Rough mechanical & electrical. All electrical wiring and devices, heating wiring, piping and ducts, and plumbing piping to be concealed must be inspected prior to framing inspection. '12 IRC R109.1.2
- Rough Framing inspection done after roof deck or sheathing, all framing, fireblocking and bracing are in place and pipes, chimneys and vents to be concealed are complete.
'12 IBC 110.3.4
- Fireplace inspection including hearth (formed with rebar in place), throat (with smoke shelf and flue started) and firebox.
- Energy efficiency inspections. Inspections shall be made to determine compliance with energy code requirements such as thermal insulation, insulation of pipes and ducts, sealing of gaps, duct tight fenestration U-value, etc. These may be done at various stages of construction **prior to drywall application.** '12 IBC 110.3.7
- Gypsum board For fire-resistance rated assemblies this inspection is required before joints and fasteners are taped and finished.
'12 IBC 110.3.6
- Fire-resistant penetrations and protection of joints in fire-resistance-rated assemblies shall not be concealed from view until inspected and approved.
'12 IBC 110.3.6
- **Other inspections may be required to determine code compliance as determined by the building official.**
'12 IBC 110.3.8
- Special inspections as required in Chapter 17 of the 2012 International Building Code portion of the 2016 State Building Code.
'12 IBC 110.3.9
- Final inspection. This is done after all other inspections and all work required by the building permit is completed and prior to issuance of a certificate of occupancy/approval.
'12 IBC 110.3.10

Electrical

E4204.3 Swimming pools- pool water: The pool water shall be intentionally bonded by means of a conductive surface area not less than 9 square inches installed in contact with the pool water. This bond shall be permitted to consist of parts that are required to be bonded in Section E4204.2.



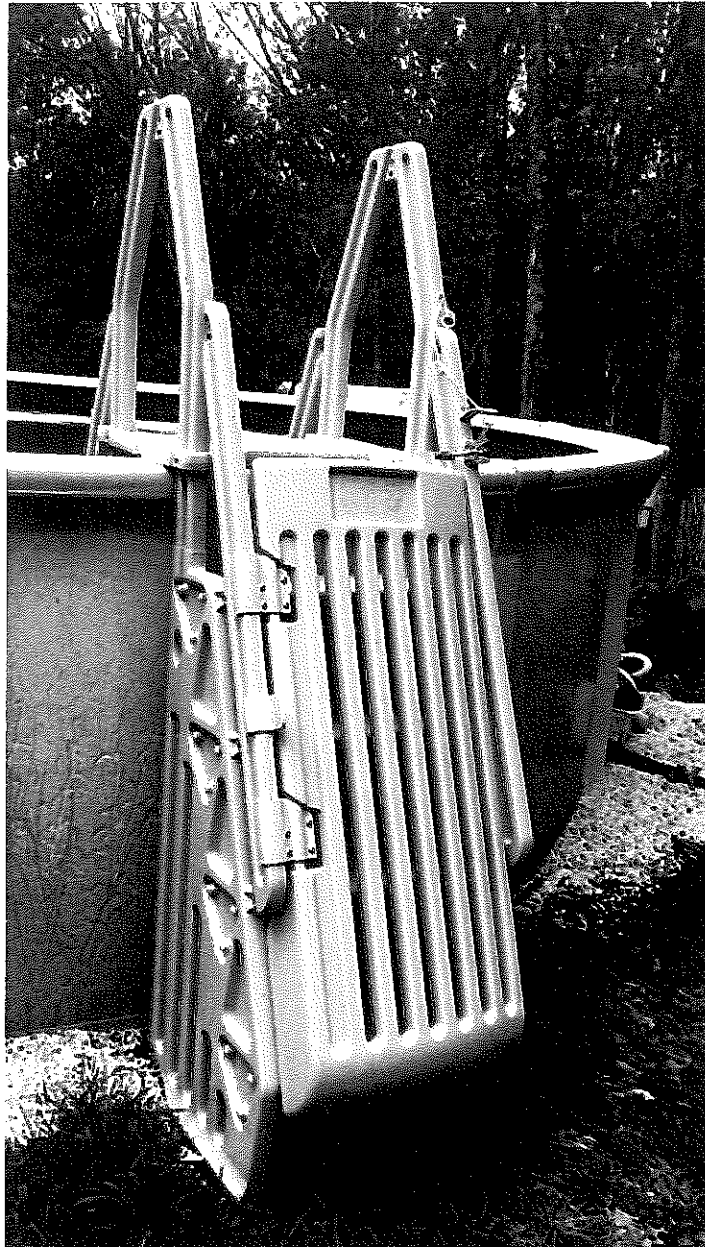
POOL AND SPA BONDING DETAIL

GENERAL NOTES:

- 1.) ALL CONNECTIONS WILL BE MADE BY EXOTHERMIC WELDING OR BY PROVIDING A LISTED PRESSURE CONNECTOR OR CLAMPS THAT ARE SUITABLE FOR THE REQUIRED PURPOSE AND ARE MADE OF STAINLESS STEEL, BRASS OR COPPER
- 2.) ALL BONDING CONNECTIONS WILL BE #8
- 3.) WHERE AS STEEL REINFORCEMENT IS NOT INSTALLED THEN ALL ITEMS WILL BE BONDED TOGETHER WITH #8 COPPER

NTS





ABOVE GROUND POOL STAIRS/ENTRY SYSTEM EXAMPLE

SELF-CLOSING, SELF LATCHING & LOCKABLE GATE

FOR SAFETY AND TO MEET CODE REQUIREMENTS

Code: AG105.2 Outdoor swimming pool. An outdoor swimming pool, including an in-ground, above-ground or on-ground pool, hot tub or spa, shall be surrounded by a barrier which shall comply with the following: Access gates shall be equipped to accommodate a locking device. Pedestrian access gates shall open outward away from the pool, and shall be self-closing and have a self-latching device. Gates, other than pedestrian access gates, shall have a self-latching device. Where the release mechanism of the self-latching device is located less than 54 inches (1372 mm) from the Bottom of the gate, the release mechanism and openings shall comply with the following: 8.1. The release mechanism shall be located on the pool side of the gate at least 3 inches (76 mm) below the top of the gate.