

ADDITIONS AND ACCESSORY BUILDINGS

Forms needed:

1. Zoning and Building Application
2. Application need be signed by Haddam Tax Collector (that taxes were paid)
3. Health Department B100a Application – Septic Review
4. Site Plan of the property, at **Scale of 1"=20' or 1"=40'**, showing: 2 Copies
 1. All structures
 2. Location and dimensions of proposed building
 3. Distance from the building to the property boundaries
 4. Distance from the building to the well & septic system
5. Construction Documents – 2 Complete Sets

All completed applications and documentation are accepted in the Haddam Land Use Dept.

There are 3 payments required at time of application, either cash or check, payable to:

1. **Town of Haddam - \$100.00 Zoning Permit (Includes State Fee)**
2. **CT River Area Health District \$100.00**
3. **Building Fee: Based on the Estimated Cost of job (Cost: \$20.26 per thousand)**

The application package is first reviewed by Health Department. Once approved, it is reviewed by the Zoning Officer. Once approved, the application package is then reviewed by the Building Official.

You will be contacted by Health, Zoning Officer or Building Official if there is any question or additional information is required on your application. Once all the Officials approved it; you will get a call or email and a permit will be issued. Additional applications will be required for Electrical, Mechanical and Plumbing work.

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



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

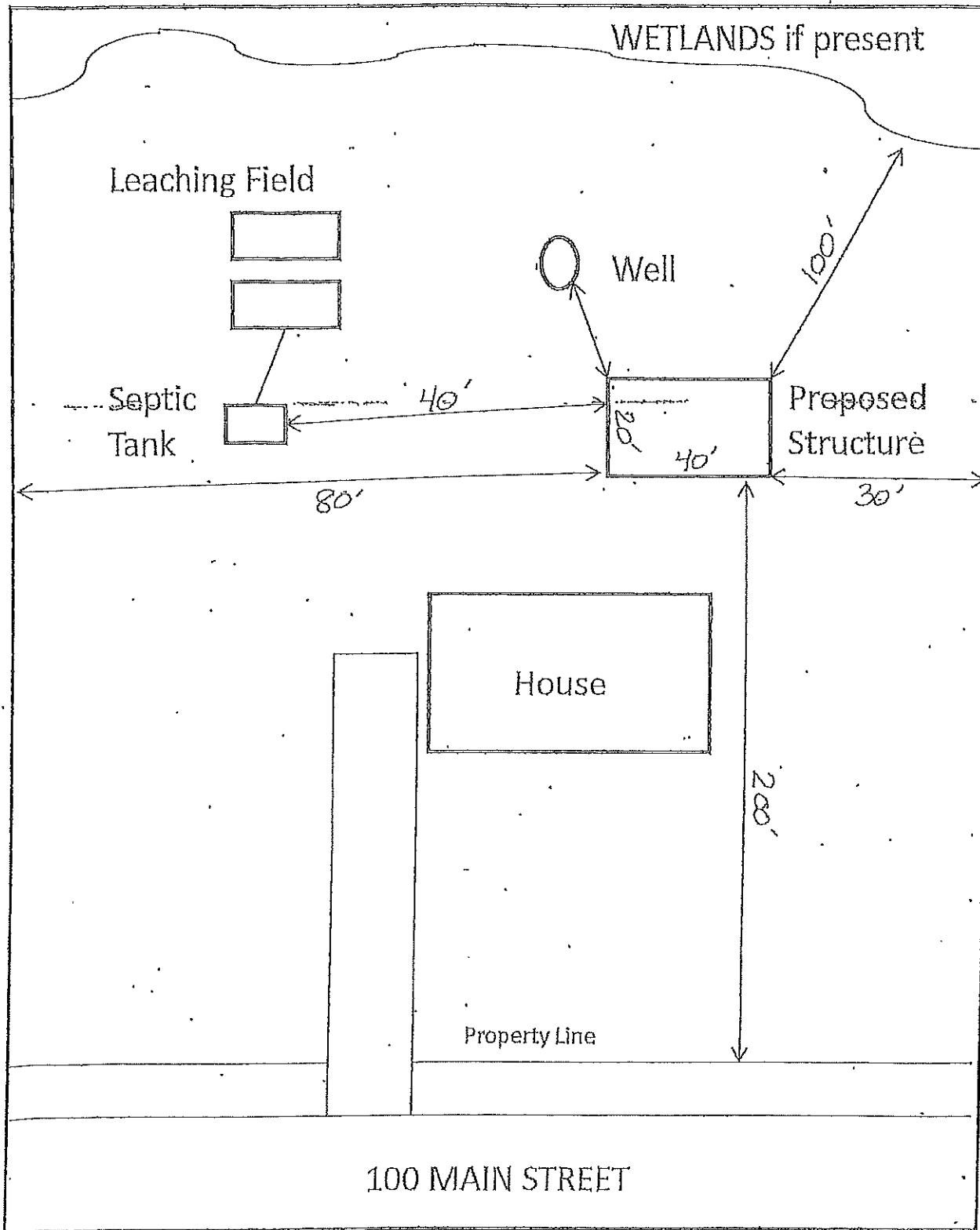
Give a brief description of proposed application:

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

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

Address: _____ Check# _____ Cash _____

SITE PLAN EXAMPLE



EXAMPLE ONLY - ALL SITE
PLANS SHOULD BE DRAWN TO
SCALE

TOWN OF HADDAM

PERMIT FEE SCHEDULE

BE IT ORDAINED by the Town Meeting at the Town of Haddam, that pursuant to Section 3-7 of the Town of Haddam Charter, the following amendments to ordinance chapter 52. BUILDING CONSTRUCTION, shall be adopted on October 25, 2017, to be effective on November 1, 2017

1. Building Permit Fee Evaluations:

The applicant for a permit shall provide an estimated permit value at the time of application. Permit valuations shall include total value of work, including materials and labor, for which the permit is being issued, such as electrical, gas, mechanical, plumbing equipment and other permanent systems. If, in the opinion of the building official, the valuation is underestimated on the application, the permit shall be denied, unless the applicant can show detailed estimates to meet the approval of the building official. Final building permit valuation shall be set by the building official.

2. The following fees shall be paid for processing building permit applications:

- A. State Education Fee of \$.26 per thousand for all permits (effective July 1, 2010)
- B. Building permit fee: \$20.00 per thousand or any fraction thereof of construction cost based on fair market value; Minimum fee - \$25.00 (plus state education fee)
- C. Electric permit fee: \$20.00 per thousand or any fraction thereof of construction cost based on fair market value; Minimum fee - \$25.00 (plus state education fee)
- D. Plumbing permit fee: \$20.00 per thousand or any fraction thereof of construction value based on fair market value; Minimum fee - \$25.00 (plus state education fee)
- E. HVAC permit fee: \$20.00 per thousand or any fraction thereof of construction cost based on fair market value; Minimum fee - \$25.00 (plus state education fee)
- F. Renewal of existing Permit - \$25.00
- G. Permit fees are non refundable (effective August 1, 2008)



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 _____