

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 \$125.00**
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

Pink: Assessor



Connecticut River Area Health District
455 Boston Post Rd. Suite 7, Old Saybrook, CT 06475
Phone 860-661-3300 Fax 860-661-3333

Application #: _____

Fee: \$125.00

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 be submitted with this application.

Submit any/all septic system information and soil testing available for the subject property.

Town: ☐ Old Saybrook ☐ Clinton ☐ Deep River ☐ Haddam ☐ Chester ☐ Killingworth

Property Address: _____

Owners Name: _____ Map _____ Lot _____

Applicant Name: _____ Address: _____

Applicant Phone #: _____ Email: _____

Existing Structure: Residential: ☐ EXISTING # of Bedrooms: _____
Non- Residential: ☐ EXISTING Use: _____

Water Service: Well ☐ Public ☐

Type of Application:

☐ Building Conversion
(Winterization/ Change in Use (Addition of Bedrooms, etc.))

☐ Building Addition

☐ Accessory Structure
(Garages, Pools, Sheds, Decks, etc.)

☐ Lot Division, Lot Line Change, Lot Reduction

☐ Other _____

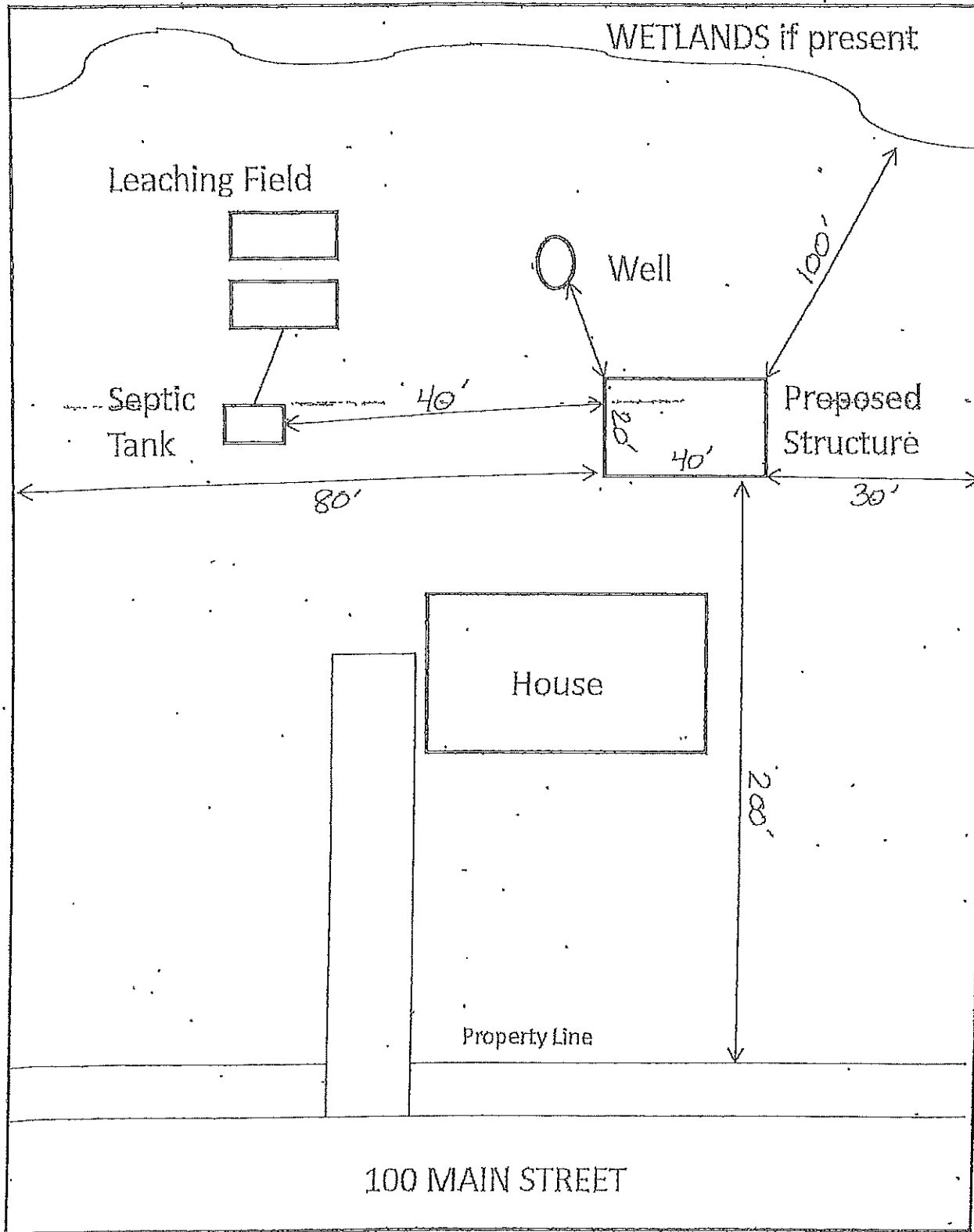
Describe Application: _____

Date: _____

Print Name: _____ Signature: _____

(Owner or authorized agent name and signature required to process application)

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 _____

Section 4

Table 1

Schedule of Area, Height, Bulk and Placement Regulations

Zone	Minimum Lot Area	Minimum Lot Frontage Width (1)	Minimum Front Yard	Minimum Side Yard	Minimum Aggregate Side Yards	Minimum Rear Yard	Maximum Building Height (2)	Maximum % of Land Coverage	Minimum Set-back from a Water-course or wetland [Gateway Zone(5)]
R-2 (1F)	2 Acres	200 Feet	40 Feet	20 Feet	50 Feet	30 Feet	35 Feet	10%	50 Feet
R-2 (2F)	2 Acres	200 Feet	40 Feet	20 Feet	50 Feet	30 Feet	35 Feet	10%	50 Feet
R-1 (1F)	1 Acre	150 Feet	30 Feet	20 Feet(6)	50 Feet (6)	20 Feet	35 Feet	15%	50 Feet
R-1 (2F)	2 Acres	200 Feet	40 Feet	20 Feet	50 Feet	30 Feet	35 Feet	15%	50 Feet
R-2A (1F)	2 Acres	200 Feet	30 Feet	20 Feet	50 Feet	20 Feet	35 Feet	10%	50 Feet
R-2A (2F)*	2 Acres	200 Feet	40 Feet	20 Feet	50 Feet	30 Feet	35 Feet	10%	50 Feet
Residential Accessory Structures that are 550 square feet or less.			30 Feet	10 Feet	N/A	10 Feet	15 Feet	N/A	50 Feet
Commercial	½ Acre	100 Feet	30 Feet	10 Feet	25 Feet	20 Feet	35 Feet	40% (3)	50 Feet
Industrial (I-1 & I-2)	1 Acre	150 Feet	30 Feet	20 Feet	50 Feet	20 Feet	35 Feet	25% (3)	50 Feet
Industrial Park (4)	2 Acres	200 Feet	70 Feet	30 Feet	70 Feet	40 Feet	35 Feet	30% (3)	50 Feet
Higginum Village District	None	30 Feet	10 Feet Maximum	8 Feet	15 Feet	10 Feet	35 Feet	70%	50 Feet
Modification Limits For HVD Zone	N/A	8 Feet	3 Feet	2 Feet	4 Feet	3 Feet	35 Feet		N/A

1. Minimum lot frontage is defined as continuous uninterrupted frontage, unencumbered by any vehicular right of ways or access strips, on a town or state road or other road meeting specifications of the Haddam Subdivision Regulations.
2. No building or other structure shall be constructed, reconstructed, enlarged, extended, moved or structurally altered in such a manner as to exceed a height of thirty-five feet or contain more than two stories and an attic above grade. However, spires, cupolas, towers, flagpoles, tanks and other similar structural features occupying no more than ten percent of the building area and not designed for human occupancy may be constructed, reconstructed, enlarged, extended, moved or structurally altered to a reasonable and necessary height upon the granting of a special permit therefore by the town authority having jurisdiction.
3. The maximum combined coverage of buildings, accessory structures and parking areas shall not exceed 75% of the lot area.
4. See Section 9 of these Regulations for additional lot requirements in the Industrial Park District.
5. See The Town of Haddam Wetland Regulations and Section 10.3 of these Regulations for exceptions to 100 foot setback requirements.
6. Amended March 24, 1988 – Lots on record or part of an approved subdivision, for the R1 side yards = 10 feet and 25 feet.

Table I - 1