

# SWIMMING POOLS

## Required Permits & Documentation

1. Zoning, Health and Building Application, signed by the Haddam Tax Collector and applicant
2. Site Plan of the property, **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 and septic system – **2 Copies**
3. Technical/Structural Specifications for pool – **2 Copies**
4. Pool Alarm Information/Specifications
5. Copy of Contractor License (In-ground pools – Swimming Pool License; Above ground – Home Improvement License)
6. Copy of Contractor Workmen's Compensation Insurance/ or signed form 7B if Homeowner is acting as General Contractor.
7. Signed Barrier Code Compliance Affidavit
8. Demonstrate Compliance with Section AG-102 (Barrier Requirements)

There are **3 payments** due at time of application:

1. Town of Haddam – Zoning **\$100.00**
2. CT River Area Health District (CRAHD) - **\$125.00**
3. Building Fee – Based on the Estimated Cost of job (**\$20.26 per \$1000 of the estimated cost**)

The application package is reviewed by the Health Department, Zoning Official and Building Official.

Once approved; a permit will be issued then sent and emailed to the appropriate destinations. If one is not issued you will be contacted by Health, Zoning or the Building Official for additional information.

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Additional applications are 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 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

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)

Wetlands (if present)

100 ft from Wetlands

\*If less than will require a permit from the wetlands committee

Leaching field

Septic tank

Minimum distance  
10ft (aboveground pool)  
25ft (in-ground pool)

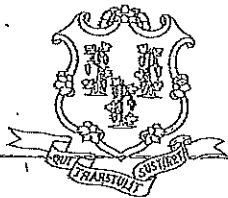
Proposed pool

Minimum side setbacks  
(per Zoning Committee)

HOUSE

Not permitted in front or side yard

Property line



State of Connecticut  
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 3-17-2005

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.

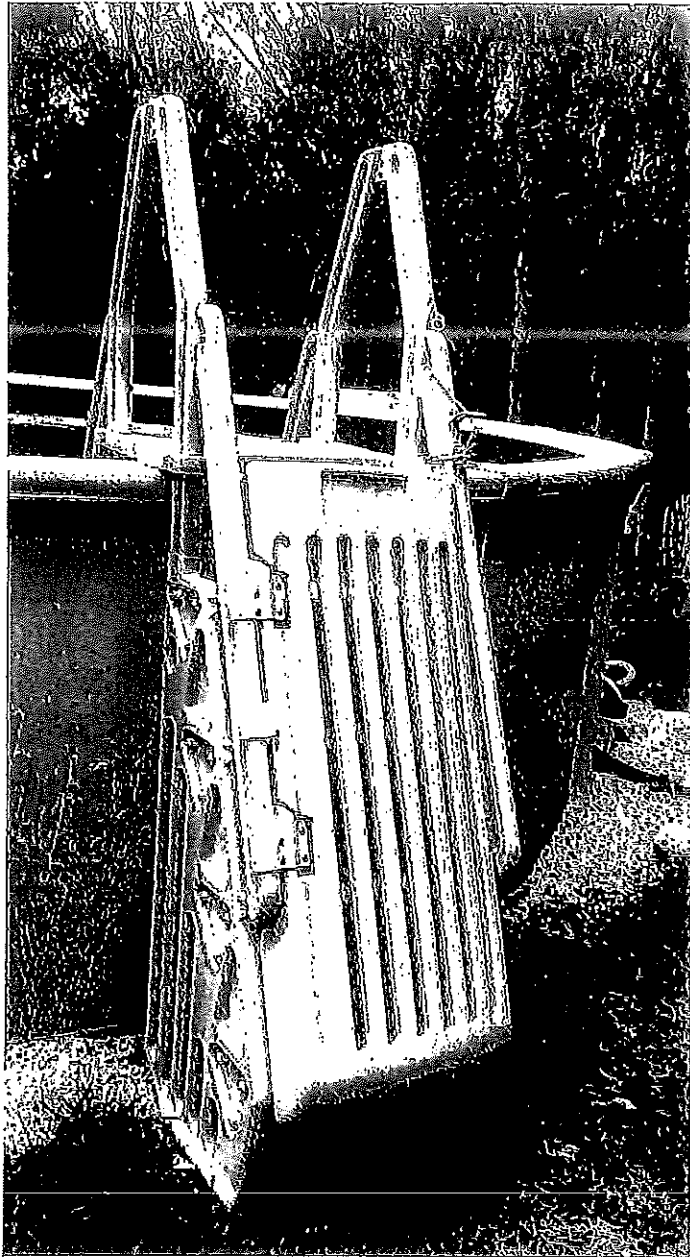
Signature of OWNER or SOLE PROPRIETOR Applicant \_\_\_\_\_

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 \_\_\_\_\_



## ABOVE GROUND POOL STAIRS/ENTRY SYSTEM EXAMPLE

SELF-CLOSING, SELF LATCHING & LOCKABLE GATE

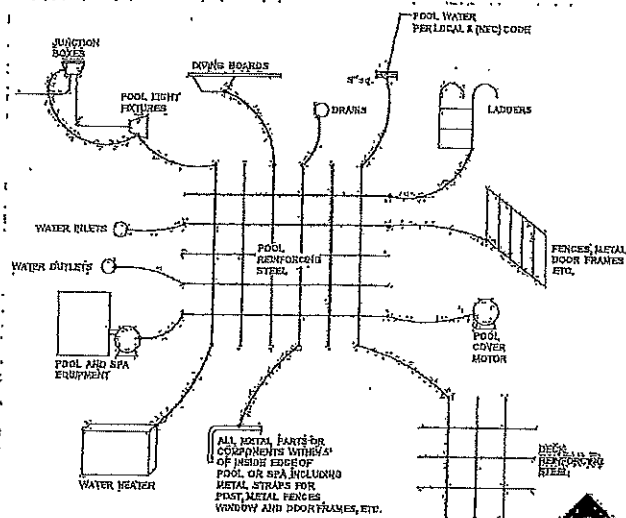
FOR SAFETY AND TO MEET CODE REQUIREMENTS

**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.

# 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.

Poolstar  
UNIVERSITY  
SAFELY



## 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 1/2"
- 3) WHERE AS STEEL REINFORCEMENT IS NOT INSTALLED THEN ALL ITEMS WILL BE BONDED TOGETHER WITH AS COPPER.

NTS

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## GENERAL/ENCLOSURE:

1. Obtain zoning, sewer, tax approvals (etc.)
2. Provide at least one means of egress (exit) from the pool enclosure. See attached ANSI/NSPI-4-1999.
3. Pool equipped with filtration system.
4. Barrier (fence, pool wall, etc.) shall not be less than 48" in height.(AG105)
5. Openings shall not allow passage of a 4" sphere.
6. No indentations/protrusions in solid barriers.
7. Horizontal rails less than 45" apart on inside barrier; No greater than 1-3/4" vert. Spacing.
8. Horizontal rails spaced 45" or more vertical/pickets less than 4".
9. Maximum 2 1/4" square chain link mesh openings.
10. Maximum 1 3/4" diagonal openings (lattice, chain link w/ slats, etc.)

## PEDESTRIAN ACCESS GATES, DOOR ALARMS, OTHER GATES (105.2-8)

11. Gates shall open outward, away from pool.
12. Gates shall be self-closing/ self-latching.
13. Gate latches less than 54" above ground shall be inside gate and gate materials shall have openings 1/2" maximum within 18" of the latch, and the latch shall not be less than 3" below the top of gate.
14. Other gates shall have a self- latching device.
15. Alarms for doors leading directly into the pool -- shall be listed and labeled in accordance with UL 2017. (Ag105.2, 9.2)
16. Touch pads & switches located 54" minimum above floor.
17. Provide pool alarm. (AG 105.7)

## ELECTRICAL

18. At least one 125 v. convenience receptacle between 6' to 20' from pool walls and GFCI protected.
19. Pump receptacle within 6'- 10' from inside walls of the pool shall be GFCI, single, grounding, locking types.
20. Pump receptacle grounding conductor not less than #12AWG; insulated. (Romex not allowed outside of structure)
21. All light fixtures 5-10' from pool shall be GFCI.
22. Switches shall be not less than 5' horizontally from pool. *Exception:* when located behind a solid barrier.
23. Maximum pool equipment flex cord length is 3' (20A or less). *Exception:* for underwater lighting fixtures.
24. Wiring method type/ burial depths
  - a) Rigid metal conduit (RMC) not less than 6"
  - b) Intermediate metal conduit (IMC) not less than 6"
  - c) Rigid non-metallic conduit (NMC) not less than 18"
25. Bonding required; #8 AWG solid copper, for the following:
  - a) Structural reinforcing (rebar) of concrete pool.
  - b) Walls of bolted or welded metal pools.
  - c) All metallic parts of pool structure.
  - d) All fixed-metal parts within 5' horizontally from pool edge.
  - e) All pump motors, filter casings and other metal electrical equipment associated with the pool.
  - f) Provide bonding grid with four uniformly spaced points of attachment. #8 solid copper conductor 18" to 24" from pool wall 4" to 6" below grade.
  - g) Pool water heaters as bonded/ installed per manufacturer.
  - h) Pool water bond with conductive area 9 square inches in contact with pool water.
26. Pool heaters -- Provide a on/off switch. If gas, no continuously burning pilot lights. (N1103.8.1, 2009 IRC)
27. Time clock for pool filter motor (N1103.8.2, 2009 IRC)