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


6. Copy of Contractor License.

7. Copy of Contractor Workmen’s Compensation Insurance/ or Signed Form 7B if Homeowner is acting as General Contractor.
   If Above-Ground Pool, the Contractor (if used) must have a Home Improvement License.
   If In-Ground Pool, the Contractor must have a Swimming Pool Builder License.

8. Signed Barrier Code Compliance Affidavit (can be obtained from Building Dept.)

9. Demonstrate Compliance with Section AG 105 (Barrier Requirements).

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) for Zoning Permit |

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.**

<table>
<thead>
<tr>
<th>Permit Location</th>
<th>Number</th>
<th>Street Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>81</td>
<td>MAIN STREET</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Owner's Name</th>
<th>Mailing Address</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHN SMITH</td>
<td>81 MAIN STREET</td>
<td>860 345 1299</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E-Mail</th>
<th>Cell#</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:johnsmith@gmail.com">johnsmith@gmail.com</a></td>
<td>860 756-1234</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Mailing Address</th>
<th>License #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tom Jones Builder</td>
<td>22 Oak ST</td>
<td>529992</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone #</th>
<th>E-Mail</th>
<th>Cell#</th>
</tr>
</thead>
<tbody>
<tr>
<td>860 555 1111</td>
<td><a href="mailto:tomj@gmail.com">tomj@gmail.com</a></td>
<td>860 555-2222</td>
</tr>
</tbody>
</table>

**CONSTRUCTION:** New [ ] Alteration [ ] Addition [ ] Repair [ ] Demolition [ ] Estimated Cost [ ]

**BRIEF DESCRIPTION OF PROPOSED WORK:**

<table>
<thead>
<tr>
<th>PROPOSED</th>
<th>Total Sq. Ft.</th>
<th>No. of</th>
<th>Building Height</th>
<th>Use</th>
<th>Construction Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW WORK</td>
<td>of New Work</td>
<td>Stories</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CONSTRUCTION:** New [ ] Alteration [ ] Addition [ ] Repair [ ] Demolition [ ] Estimated Cost [ ]

| AIRPLANE PERMITS ARE REQUIRED FOR ELECTRICAL, HEATING, AIR CONDITIONING, WELL, WELDING & ASBESTOS |

**OTHER APPROVALS OR REVIEWS REQUIRED/RECEIVED**

<table>
<thead>
<tr>
<th>Tax Collector</th>
<th>Date</th>
<th>Variance</th>
<th>Date</th>
<th>Health Dept.</th>
<th>Date</th>
<th>Inland Wetlands</th>
<th>Date</th>
<th>DW Bond/ES&amp;Bond</th>
<th>Date</th>
<th>Fire Marshal</th>
<th>Date</th>
</tr>
</thead>
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</tbody>
</table>

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

**YES [ ] NO [ ]

**OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Building Permit #</th>
<th>Map #</th>
<th>Lot #</th>
<th>Lot Size</th>
<th>Zone</th>
</tr>
</thead>
</table>

**APPROVED [ ] DISAPPROVED**

<table>
<thead>
<tr>
<th>Permit Fee Pd</th>
<th>Ch#</th>
<th>Zoning Permit#</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Zoning Official</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments:</th>
</tr>
</thead>
</table>

White: Building Department
Yellow: Zoning Department
Pink: Assessor
Gold: Applicant

---

**EXAMPLE**
**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**

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td>Owner's Name</td>
<td>Phone #</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>E-Mail:</td>
</tr>
<tr>
<td>No.</td>
<td>Street</td>
</tr>
<tr>
<td>Town</td>
<td>State</td>
</tr>
</tbody>
</table>

**Applicant**

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</tbody>
</table>

**Construction:** New _____ Alteration _____ Addition _____ Repair _____ Demolition _____ Estimated Cost _____

**Brief Description of Proposed Work:**

**Proposed New Work**

<table>
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<tr>
<th>Total Sq. Ft.</th>
<th>No. of Stories</th>
<th>Building Height</th>
<th>Use</th>
<th>Construction Type</th>
</tr>
</thead>
</table>

**Separate Permits Are Required for Electrical, Heating, Plumbing, Fireplace Masonry, Well, Well Pump & Septic**

**Other Approvals or Reviews Required/Received**

___ Tax Collector
___ Zoning Dept.
___ 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**

<table>
<thead>
<tr>
<th>Date</th>
</tr>
</thead>
</table>

**Agent**

<table>
<thead>
<tr>
<th>Date</th>
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</tr>
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</table>

---

**Approved** | **Disapproved**

---

**Comments:**

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

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 ________
This 2nd page of the application is for CRAHD staff only to complete

**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.

**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: ____________________________

Rev: 6-30-16
SITE PLAN EXAMPLE

Leaching Field

Septic Tank

Well

Proposed Structure

WETLANDS if present

100 MAIN STREET

EXAMPLE ONLY - ALL SITE PLANS SHOULD BE DRAWN TO SCALE
According to Section R109 of the IRC and section 110 of the IBC within the 2015 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 IBC 110.2

- 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

  ’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
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 filing 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: __________
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.