

Est. Cost \$ _____

**GENERAL LAND USE CHECKLIST
TOWN OF WILTON, CONNECTICUT**

HI# _____ Exp Date _____

Email Address: _____

Property Address	Parcel #	* Tax Collector Approval	Date
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Applicant's Name	Applicant's Address	Phone #	Year Built (verified)
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Property Owner's Name	Address	Phone #	Site Phone #
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Description of Proposed Work: _____

TO AVOID UNNECESSARY DELAYS, THE APPLICANT SHALL OBTAIN APPROVALS IN THE ORDER SHOWN BELOW, UNLESS OTHERWISE DIRECTED. THE APPLICANT SHALL BE RESPONSIBLE FOR PROVIDING ANY INFORMATION REQUIRED BY EACH DEPARTMENT. THIS REVIEW PROCESS FOR OBTAINING PERMITS/APPROVALS MAY TAKE 3 TO 10 DAYS WITH ADDITIONAL TIME FOR SITE INSPECTIONS OR COMMISSION REVIEW IF NECESSARY AND ALSO MAY REQUIRE LEAVING DRAWINGS FOR REVIEW AS DETERMINED BY EACH DEPARTMENT.

Any portion of structure
being demolished? _____

APPROVALS REQUIRED

(Check here if): Well _____ Septic _____

SEQUENCE**NOTE: 8:00am to 10:00am only unless otherwise noted****CHECKED****PERMIT #**

HEALTH DEPARTMENT: Sanitarian 8:00am-10:00am **563-0174**
Required **PLOT PLAN** showing existing structures **WELL AND**
SEPTIC SYSTEMS and a **SITE PLAN** showing all proposed structures
And their separating distance to well. **See attached required application form.**

(Fee Required)

WETLANDS REVIEW: Dir. Env. Affairs 8:00am-10:00am- **563-0180**
Please bring **PLOT PLAN, KNOWN WETLANDS, LIMITS AND**
REPORTS, SITE PLAN, showing existing features and general proposed
Features including structures, grading and septic location.

EROSION AND SEDIMENT CONTROL: P&Z 8:00am-10:00am **563-0180**
Please bring **SITE PLAN** showing all proposed grading, structures, limit
of disturbance, and E&S controls.

ZONING PERMIT: Zoning Enf. Officer, 8:00am-10:00am **563-0185**
Provide a **SITE PLAN** on a certified A-2 survey showing all existing
And proposed structures. **Foundation As-Built prior to framing on new structures.**

FIRE MARSHAL APPROVAL: Fire Marshal - **By Appt.** **834-6246**
Initially bring **SITE PLAN, BUILDING PLANS or FLOOR PLANS.**
This is a preliminary sign off certifying that the Fire Department has received
the necessary plans/documents to do a complete review for approval.

PUBLIC WORKS : Field Engineer, DPW/By **Appt.** **563-0153**
Please bring plan showing proposed **driveway** and features within the road
Right-of-way. For sewer/water bring appropriate drawings as required.

BUILDING DEPARTMENT: Building Official, 7:30am-12:00pm **563-0177**
Please bring **2 sets of BUILDING PLANS showing floor plans, cross sections**
& elevations, ResCheck for additions, Letter of Authorization from owner,
Home Improvement Number with expiration date, Workers Comp Cert.,
Tax Collector approval, and all other approvals required above.
(Name of Concrete Supplier and contractor who placed it may be required prior to C/O.)

(Fee Required)

INFORMATION REQUESTED ABOVE IS PRELIMINARY- ADDITIONAL MATERIAL MAY BE REQUIRED UPON FURTHER REVIEW OF THE PROJECT.

NO FINAL INSPECTION FOR A CERTIFICATE OF OCCUPANCY WILL BE ISSUED UNTIL THE FIRE MARSHAL, ZONING AND
HEALTH DEPARTMENTS HAVE CONDUCTED FINAL INSPECTIONS AND THE BUILDING DEPARTMENT HAS RECEIVED
APPROVAL DOCUMENTS



APPLICATION FOR ZONING APPROVAL & ZONING COMPLIANCE

Town of Wilton, Connecticut

This application shall be submitted along with the appropriate checklist and shall be accompanied by a survey and 1 set of architectural plans showing proposed construction where applicable.

ANY changes to the plans after initial approval must be reviewed and reapproved by Planning and Zoning.

Applicant to fill out upper portion only and sign.

Address of Property: _____ Date _____

Proposed Activity: _____

Owner _____ Tel. _____ Email _____

Owner's Mailing Address: _____

Owner's Email: _____

Agent/Contractor (If Applicable): _____ Tel. _____

Agent/Contractor's Email: _____

APPLICANT DECLARATION

I hereby represent the information provided in this application, including submitted plans and addendum documents, to be both true and accurate. With the issuance of this document the undersigned certifies that to the best of his/her knowledge and belief, the use or structure described above conforms with the Town of Wilton Zoning Regulations or is a valid non-conforming use under such Regulations.

I further understand that any modification, expansion or reduction in the scope of the project shall be subject to the issuance of a new or revised Zoning Permit prior to commencement of such work. I understand that the failure to fully disclose information or the failure to properly represent site conditions, whether existing or proposed, could result in the inability to obtain a Certificate of Zoning Compliance upon project completion.

Application is also being made for Zoning Certificate of Compliance. Upon completion of this project, the undersigned shall notify the Zoning Officer so that a final inspection can be made.

Applicant Signature (Print and Sign) _____

_____ Date

*****FOR OFFICE USE ONLY*****

ZONING INFORMATION AND APPROVALS

Zone _____ Parcel # _____ Lot Size _____ Zoning Permit # _____

Front Setback: _____ Rear Setback: _____ Left Setback: _____ Right Setback: _____

ZBA Variances Issued/Board Approval# _____

Notes _____

Approved By _____

Date _____

Zoning Officer



Application for Building Permit Town of Wilton

Date: _____

Estimated Cost of Work: _____
(Including; Plumbing, HVAC & Electrical)

Department of Consumer Protection No. _____ Expiration Date: _____

Use Group: _____ Construction Type: _____

Address of Work: _____ Parcel No.: _____

Owner of Building: _____ Phone No.: _____

Owner's Address if different: _____

Owner's Email: _____

Contractor's Name: _____ Phone No.: _____

Contractor's Address: _____ Email: _____

Agent's Name: _____ Phone No.: _____

Agent's Email: _____

Architect's Name: _____ Phone No.: _____

Architect's Email: _____

Description of proposed work (detailed description): _____

The undersigned owner or authorized agent hereby (1) agrees to conform to all requirements of the Laws of the State of Connecticut and the Ordinances of the Town of Wilton; (2) agrees to notify the Building Official of any alterations in the plans or specifications of the building for which this permit is asked; (3) warrants that this building shall be located the proper distance from all street lines, side yard lines and required distances from all other zones and is located in a zone in which this building and its use is allowed; (4) warrants that this application and all maps and location surveys submitted in connection herewith fully and accurately describe the premises and structures thereon and any conditions to approval of the same by the Wilton Planning and Zoning Commission; and (5) applies for the issuance upon satisfactory completion of a Certificate of Occupancy for the use and herein stated

Applicant Signature: _____

Tenant: _____

Applicant Printed: _____

Applicant Phone Number: _____

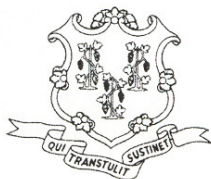
Applicant Email: _____

NOTICE

New IMPORTANT code information that is required on Building Plan submittals effective 10/1/16.
(The below must be included in your plans prior to submittal.)

1. Show grade and species of lumber being used.
2. Show design and location of braced wall panels.
3. Show locations and design for continuous load path from roof to foundation include hold downs and or strapping.
4. Provide RES Check or show prescriptive requirements of the current IRC Energy compliance.
5. Show size and location of egress windows.
6. Show nail schedule for hangers.
7. Show type of waterproofing being used.
8. Show location and size of rebar in foundation walls.
9. All slabs in basements and crawl spaces require a vapor barrier.
10. Need elevation drawings showing finished grades around dwellings, decks, patios and additions.
11. Show location and design of the dispersal of roof and footing drainage.
12. Show window details on opening restraints for windows more than 72 inches above grade with opening less than 24 inches above floor.
13. Permanent certificate required on electrical panel regarding energy compliance and materials.

******There may be some exceptions based on the scope of the project.******



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 10-12-2004

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 _____



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 10-12-2004

7A

**Proof of Workers' Compensation Coverage when Applying
for a Building Permit for the Sole Proprietor or Property Owner
who WILL NOT 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 NOT act as the general contractor or principal employer, you are not required to have workers' compensation insurance coverage.

CHECK ONE (1) BOX ONLY and complete the following:

.....

☐ I am the **OWNER** of the above-named property. I WILL NOT act as the general contractor or principal employer.

Signature of OWNER Applicant _____

.....

☐ I am the **SOLE PROPRIETOR** of a business doing work at the above-named property. I WILL NOT act as the general contractor or principal employer.

Name of Business _____

Federal Employer ID# (FEIN) _____

Signature of SOLE PROPRIETOR Applicant _____

IMPORTANT NOTICE



Substitute House Bill No. 5394

Public Act No. 12-184

AN ACT CONCERNING SMOKE AND CARBON MONOXIDE DETECTORS AND ALARMS IN RESIDENTIAL DWELLINGS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective October 1, 2012*) Whenever any private residential dwelling designed to be occupied by one or two families is occupied during interior alterations or additions requiring a building permit, the temporary installation of battery-operated smoke detection and warning equipment and, if there is a fuel-burning appliance, fireplace or attached garage present, battery-operated carbon monoxide detection and warning equipment shall be required in the vicinity of, and during the performance of, such alterations or additions. Such equipment shall be of a type or technology that is tested and certified pursuant to standards issued by the American National Standards Institute or Underwriters Laboratories. Such equipment may combine smoke and carbon monoxide detection technology into a single device.

Sec. 2. (NEW) (*Effective October 1, 2012*) The Commissioner of Construction Services may establish, within available appropriations, a public awareness campaign to educate the public concerning the dangers of not having smoke and carbon monoxide detection and warning equipment in residential dwellings and to promote the installation of smoke and carbon monoxide detection and warning equipment in all residential dwellings.

When alterations or additions requiring a permit occur, or when one or more sleeping rooms are added or created in existing dwellings, the entire building shall be provided with **smoke detectors** located as required for new dwellings along with **carbon monoxide detectors** outside sleeping areas. The **smoke detectors/carbon monoxide detectors** may be battery operated and are not required to be interconnected unless other remodeling considerations require removal of the appropriate wall and ceiling coverings to facilitate concealed interconnected wiring.

The below signed have read and agrees to comply with the above regulations

Homeowner

Date

Contractor

Date.

WILTON BUILDING
DEPARTMENT

Building Official
Demolition Officer
Tel: 203-563-0177



TOWN HALL ANNEX
238 Danbury Road
Wilton, Connecticut 06897

Fax: 203-563-0284

LETTER OF AUTHORIZATION

To Whom It May Concern:

I hereby declare the following:

1. That I am the owner of the premises described as follows:

Street

City

State

Zone

2. That _____ is duly authorized for and on behalf of the owner to execute an application for building, zoning, health and wetlands permits to enable him/her to obtain permits to complete construction of the following work _____

at the above site.

3. That _____ is hereby designated as the owner's representative with whom all town departments may deal with in respect to the work involved.

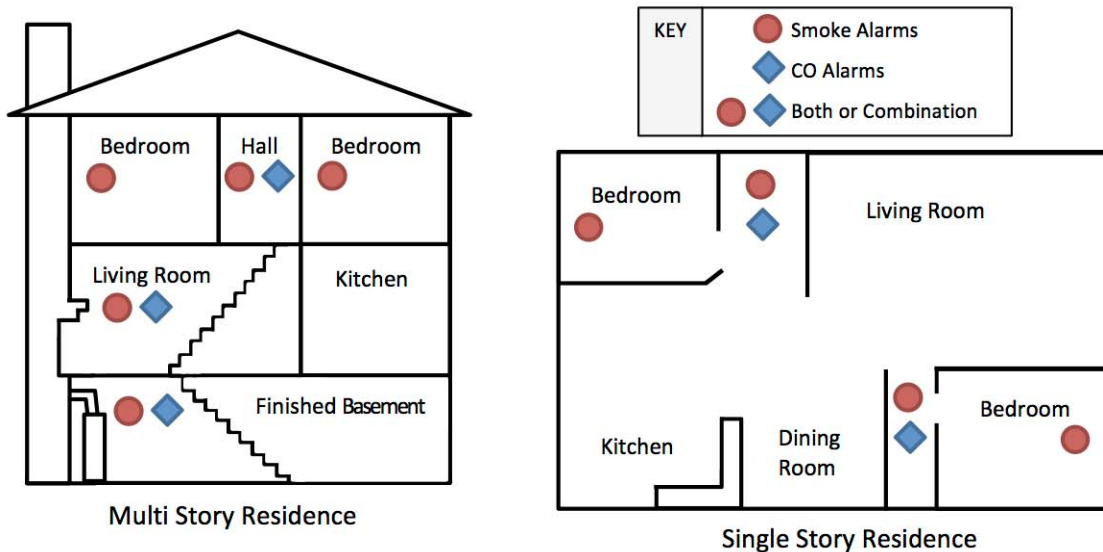
4. That this authorization also includes any and all electrical, plumbing, heating, and HVAC contractors doing work in conjunction with the above noted activity to obtain the appropriate sub permits.

Date: _____

Owner: _____
Print Name Signature

GENERAL GUIDELINES FOR SMOKE AND CARBON MONOXIDE DETECTOR LOCATIONS.

****LOCATIONS MAY VARY BASED ON FLOOR PLANS. CONSULT THE BUILDING DEPARTMENT FOR FURTHER QUESTIONS. (203) 563-0177**



Typical Requirements for completion of new single family dwelling Prior to scheduling a C/O inspection with Building

1. Health Department signoff (septic, wells, etc.)
2. Zoning Compliance (including any resolutions)

Prior to a C/O being issued the following must be complete (If applicable)

3. Duct tightness test (N1103.3.3)
4. Blower door test (N1102.4.1.2)
5. Window fall protection – opening control device (R312.2)
6. Fire protection of floors (R302.13)
7. Energy Certificate (N1101.14)
8. Letter from central alarm company verifying smoke/co detectors working.
9. House (street) number identification
10. Concrete Supplier and Contractor /requirements

WILTON BUILDING DEPARTMENT

Building Official
Demolition Officer

Tel: 563-0177



TOWN HALL ANNEX
238 Danbury Road
Wilton, Connecticut 06897

Fax: 563-0284

REQUIRED INSPECTIONS

A TWENTY FIVE DOLLAR (\$25.00) RE-INSPECTION FEE WILL BE CHARGED IF NO ONE IS HOME AT THE TIME OF INSPECTION OR IF THE WORK IS NOT READY. BE ADVISED, IF YOU CALL FOR AN INSPECTION, MAKE SURE IT IS READY!

FIELD INSPECTIONS: 10:30a.m. – 12:00 and 1:00– 3:00p.m.

1. Footings – prior to any concrete being poured (must be formed).
2. Reinforcement in concrete walls prior to pouring concrete.
3. Footing drains/water proofing and sill bolts - Prior to any backfill being placed.
4. Temporary electrical service.
5. Hearths and Throats

AS-BUILT PLOT PLAN (for new homes) PRIOR TO FRAMING.

6. Sheathing inspection.
7. Air Barrier prior to siding

*******BEFORE A ROUGH INSPECTION IS MADE, ALL MECHANICAL PERMITS MUST BE OBTAINED OR NO INSPECTION WILL BE MADE.*******

8. Rough Inspection – one inspection is conducted for all mechanical work. This inspection includes: framing, electrical, heating & air conditioning, plumbing and gas. **An air test on water lines and a water test on drainage/vent lines through the roof and duct tightness test is required.**
9. Electrical Service.
10. Insulation Inspection – prior to any covering.
11. Final CERTIFICATE OF OCCUPANCY – all health and zoning approvals must be received and all work must be completed before you may schedule a final inspection with this department. **(Name of Concrete Supplier and contractor who placed it may be required prior to C/O based on project size.)**

*******ALLOW AT LEAST 2-3 DAYS FOR INSPECTION SCHEDULING*******

*****TEMPORARY STAIRS MUST BE INSTALLED OR NO INSPECTION WILL BE MADE.*****