



# TOWN OF WILTON, CONN.

## APPLICATION FOR MINOR BUILDING PERMIT

*Roofs, wood stoves, fireplaces, incl. gas insert,  
kitchens/baths, windows, signs, etc\*\*.*

Department of Consumer Protection Reg. #

Exp. Date

Date:

Use Group:

Construction Type:

Estimated Cost

Plan Review

\*Tax Collector Apprvl:

Date:

C/O Fee

Parcel #:

Year Built:

Building Fee

Size of Lot

Lot No.

Zone

State Ed. Fund

Job Location

Records Maint.

Owner of Building

Total Permit Fee

Address

Contractor

Address

Tel No.

Purpose of Permit:

The undersigned owner or authorized agent hereby (1) agrees to conform to all the 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.

Email Address: \_\_\_\_\_

Applicant's Signature:

Tel. No.

Building Dept. Approval:

Date:

**\*NOTICE ALL HOMES BUILT PRIOR TO 1978 HAVE NEW REQUIREMENTS SEE BELOW\***

**\*\*ALL WINDOWS, SIDING AND INTERIOR RENOVATIONS REQUIRE HEALTH DEPARTMENT  
APPROVAL FOR LEAD COMPLIANCE (Additional form may be required)\*\***

Health Dept. Approval:

Date

**ATTENTION ALL ROOFING CONTRACTORS AND OWNERS. PLEASE  
READ THE INTERPRETATION BELOW REGARDING ROOF VENTILATION.**

***WHEN SUBMITTING YOUR PERMITS, THIS GUIDELINE MUST BE FOLLOWED AND  
INFORMATION MUST BE FILLED IN ON THE ROOFING INFORMATION SHEET.***

**STATE BUILDING CODE INTERPRETATION I-11-07**

April 9, 2007

The following is offered in response to your request for an interpretation of the provisions of Section 1503.5 of the 2003 International Building Code (IBC) portion of the 2005 State Building Code.

**Question:** When re-roofing a building that has existing gable end louvers for attic ventilation, can one add ridge vents without adding soffit vents and disabling the gable end louvers?

**Answer:** No. Section 1503.5 of the IBC states, in part, that roof intake and exhaust vents shall be installed in accordance with the manufacturer's installation instructions. A review of a variety of manufacturer's installation instructions as well as several ICC evaluation reports for ridge vents indicates that in all cases reviewed the ridge vents are intended to be installed in conjunction with eave, cornice or soffit vents. The combination of low intake vents at the eave, cornice or soffit, and high exhaust vents at the ridge promotes uniform ventilation of the entire attic space based on cooler air entering at the low vents and warmer air exhausting at the high vents. Gable end louvers, while not as efficient as a combination low and high system, likewise promote uniform ventilation where intake and exhaust occur at different ends of the attic depending on wind direction. When one mixes gable end louvers with ridge vents, however, the venting system is short circuited when air enters through the gable end louver and exits through the ridge vent in close proximity to the gable wall with the louver in it. Thus, the air at the lower portions of the attic and in the middle of the attic midway between the gable end louvers becomes stagnant and may result in a build up of excessive heat or moisture.

**NOTE:** Although this interpretation is based on the requirements of the IBC it is likewise applicable to attic ventilation in building construction governed by the 2003 International Residential Code portion of the 2005 State Building Code.



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 \_\_\_\_\_



State of Connecticut  
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 3-17-2006

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

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Homeowner

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Date

---

Contractor

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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 |
|------------|-----------|

## ROOFING INFORMATION SHEET

Property Address \_\_\_\_\_

Please fill in the following

Roof Type:

|                                           |                                                |
|-------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Asphalt          | <input type="checkbox"/> Membrane, commercial  |
| <input type="checkbox"/> Built Up         | <input type="checkbox"/> Membrane, residential |
| <input type="checkbox"/> Clay/Cement Tile | <input type="checkbox"/> Metal                 |
| <input type="checkbox"/> Fiberglass       | <input type="checkbox"/> Wood                  |

\*Attach Manufacturer's specification sheets for roofing material and edge securement.

**2021 IBC, Article 1504.5 Edge Securement.** Edge securement for low slope roofs. Low slope built up, modified bitumen and single-ply roof system metal edge securement, except gutters, shall be designed and installed for wind loads in accordance with Chapter 16 and tested for resistance per the IBC section 1609 and Appendix P.

Number of Existing Layers: \_\_\_\_\_

Is Roof being Stripped? ☐ Yes ☐ No

Is Roof being Resheathed? ☐ Yes ☐ No

Number of Squares: \_\_\_\_\_

Is Ice and Water being installed? ☐ Yes ☐ No

Plywood Seams being taped? (**Per 2022 CT IRC R905.1.1**) ☐ Yes ☐ No

If "No", check one from below:

☐ Full Ice & water Coverage  
☐ Tongue & Groove Sheathing  
☐ Sheathing panels are less than 3 feet in width

Is Roof Ventilation present? ☐ Yes ☐ No\* Type: ☐ Ridge ☐ Gable ☐ Soffit

\*If 'No', how will roof ventilation be addressed? \_\_\_\_\_.

**Roof Ventilation is required per 2022 CT IRC, Section R806, 2021 IBC Section 1202.**

**Kickout Flashing required per 2022 CT IRC Section R903.2.1**

**R903.2.1 Locations.** Flashings shall be installed at wall and roof intersections, wherever there is a change in roof slope or direction and around roof openings. A flashing shall be installed to divert the water away from where the eave of a sloped roof intersects a vertical sidewall. Where flashing is of metal, the metal shall be corrosion resistant with a thickness of not less than 0.019" (0.5mm)(No. 26 Galvanized Sheet).

Applicant \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Sign

WILTON BUILDING DEPARTMENT

BUILDING OFFICIAL  
DEMOLITION OFFICER

Phone: 203-563-0177



TOWN HALL ANNEX

238 Danbury Road  
Wilton, Connecticut 06897

Fax: 203-563-0284

## TOWN OF WILTON

### BUILDING DEPARTMENT

## ROOF COMPLIANCE CERTIFICATION

The undersigned Roofing Contractor\* hereby certifies that the installation described in the Building Permit, complies with Chapter 9 of the 2021 International Residential Code or Chapter 9 of the 2021 International Building Code portion of the 2022 State Building Code for residential or commercial projects and the manufacturer's installation requirements for work performed at:

\_\_\_\_\_ in Wilton, CT 06897 under Permit # \_\_\_\_\_  
(Address of work)

In addition, the Roofing Contractor hereby attests that the information contained herein is accurate and true. This information is given under oath and is made subject to all the penalties of law for false statements.

\_\_\_\_\_  
**Roofing Contractor (Please Print)**

\_\_\_\_\_  
**Phone#**

\_\_\_\_\_  
**Roofing Contractor Signature**

\_\_\_\_\_  
**Date**

\*If the owner of the property has performed the installation, please complete below.

\_\_\_\_\_  
**Owner's Name (Please Print)**

\_\_\_\_\_  
**Phone#**

\_\_\_\_\_  
**Owner's Signature**

\_\_\_\_\_  
**Date**