

Est. Cost \$ _____

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

SPB# _____ Exp Date _____

Email Address: _____

Property Address	Parcel #	* Tax Collector Approval	Date
Applicant's Name	Applicant's Address	Phone #	Year Built (verified)
Property Owner's Name	Address	Phone #	Site Phone #
Description of Proposed Work: <u>INGROUND</u> OR <u>ABOVE GROUND POOL</u>			

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 MAY TAKE 3 TO 10 DAYS WITH ADDITIONAL TIME FOR SITE INSPECTIONS OR COMMISSION REVIEW IF NECESSARY.

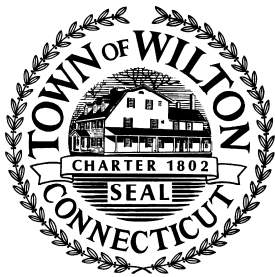
APPROVALS REQUIRED

(Check here if): Well _____ Septic _____

SEQUENCE	NOTE: 8:00am to 10:00am only	CHECKED	PERMIT #
1	HEALTH DEPARTMENT: Sanitarian 8:00am-10:00am 203-563-0174 Please bring <u>PLOT PLAN</u> showing existing structures <u>WELL AND SEPTIC SYSTEMS</u> and a <u>SITE PLAN</u> showing all proposed structures And their separating distance to well. <u>See attached required application form.</u>	_____	_____ (Fee Required)
2	WETLANDS REVIEW: Dir. Env. Affairs 8:00am-10:00am- 563-0180 Please bring <u>PLOT PLAN, KNOWN WETLANDS, LIMITS AND REPORTS, SITE PLAN</u> , showing existing features and general proposed Features including structures, grading and septic location.	_____	_____ Attach Plot Plan
3	EROSION AND SEDIMENT CONTROL: P&Z 8:00am-10:00am 563-0180 Please bring <u>SITE PLAN</u> showing all proposed grading, structures, limit of disturbance, and E&S controls.	_____	_____ Attach Plot Plan
4	ZONING PERMIT: Zoning Enf. Officer, 8:00am-10:00am 203-563-0185 Please bring <u>SITE PLAN</u> on a certified A-2 survey showing all existing and proposed structures. <i>As-Built may be required before pouring.</i>	_____	_____
	FIRE MARSHAL APPROVAL: Fire Marshal - By Appt. 203- 834-6246 Initially bring <u>SITE PLAN, BUILDING PLANS or FLOOR PLANS</u> . 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. 203-563-0153 Please bring plan showing proposed driveway and features within the road Right-of-way. For sewer/water bring appropriate drawings as required.	_____	_____
5	BUILDING DEPARTMENT: Building Official, 7:30am-12:00pm 563-0177 Please bring <u>2 sets of BUILDING PLANS showing plumbing, stamped engineered Plans, Letter of Authorization from owner, Swimming Pool Builder's License, Workers Comp Cert., Tax Collector's approval, and all other approvals required above.</u>	_____	_____ (Fee Required)

THE INFORMATION REQUESTED ABOVE IS PRELIMINARY AS 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 Building Permit Town of Wilton

Date: _____

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

Department of Consumer protection No. _____ Expiration Date: _____

Address of Work: _____ Parcel No.: _____

Owner of Building: _____ Phone No.: _____

Owner's Email: _____

Contractor's Name: _____ Phone No.: _____

Contractor's Address: _____ Email: _____

Agent's Name: _____ Phone No.: _____

Agent's Email: _____

Pool Barrier: Auto Cover: _____ Standard Fence Barrier: _____

Pool Construction Type: Vinyl _____ Gunite _____ Concrete _____ Fiberglass _____

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: _____

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

Use Group: _____ Construction Type: _____ Sq.ft./Area: _____

of Rooms 1st flr: _____ # of Rooms 2nd flr: _____ # of Rooms Basement: _____

of Full Baths: _____ # of Half Baths: _____ # of Bedrooms: _____

Auto Sprinklers: _____



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: _____

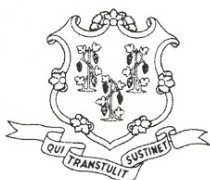
ZBA Variances Issued/Board Approval# _____

Notes _____

Approved By _____

Date _____

Zoning Officer



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 _____

SWIMMING POOL BUILDING PERMIT REQUIREMENTS

1. **TWO SETS OF ENGINEERED PLANS SHOWING PLUMBING SCHEMATIC.**

IN-GROUND POOLS MUST BE STAMPED AND SIGNED BY A CT REGISTERED DESIGN PROFESSIONAL.

ABOVE GROUND POOLS ENGINEERED PLANS BY POOL MANUFACTURER.

2. **TEMPORARY POOL FENCE AGREEMENT MUST BE SIGNED BY POOL CONTRACTOR.**
3. **INDICATE TYPE OF POOL BARRIER – AUTO COVER OR FENCE**
4. **SIGNED BUILDING AND ZONING APPLICATIONS**
5. **WORKER’S COMPENSATION FORM NEEDED.**
6. **POOL BUILDERS LICENSE NUMBER WITH EXPIRATION DATE.**
7. **POOL HEATER SPECIFICATIONS.**
8. **LETTER OF AUTHORIZATION FROM OWNER**

WILTON BUILDING DEPARTMENT

**Building Official
Demolition Officer**

Tel: 563-0177



**TOWN HALL ANNEX
238 Danbury Road
Wilton, Connecticut 06897**

Fax: 563-0284

2022

REQUIRED INSPECTIONS

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

1. Steel and Bonding
2. Trenching for plumbing and electrical
3. Inspection of all inlet and outlet covers. **(Prior to filling pool with water)**
4. Propane if applicable
5. Potting Compound
6. Deck bonding
7. Final CERTIFICATE OF OCCUPANCY Requirements:

NOTE: A filter letter must be sent to the Health Department indicating the actual filter type installed and Zoning Compliance must be received by our office prior to scheduling a final Certificate of Occupancy inspection with the Building Department.

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

WILTON BUILDING
DEPARTMENT

Building Official
Demolition Officer



TOWN HALL ANNEX
238 Danbury Road
Wilton, Connecticut 06897

Fax: 203-563-0284
Tel: 203-563-0177

February 2014

To Whom It May Concern:

RE: **INSTALLATION OF TEMPORARY POOL FENCING**

AS REQUIRED BY SECTION AG105.6, Appendix G of the INTERNATIONAL RESIDENTIAL CODE REGARDING TEMPORARY ENCLOSURES AROUND SWIMMING POOLS, THE FOLLOW REQUIREMENTS APPLY:

**A TEMPORARY ENCLOSURE SHALL BE INSTALLED IN
ACCORDANCE WITH SECTION AG105.6, PRIOR TO THE
ELECTRICAL BONDING INSPECTION OF ANY INGROUND
POOL.**

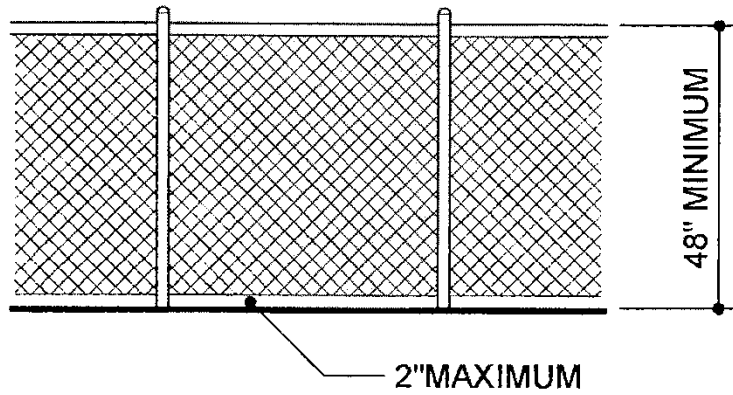
I HAVE READ AND UNDERSTAND THE ABOVE CODE REQUIREMENT AND AGREE TO INSTALL THE POOL FENCE ON THE PROPERTY FOR WHICH I AM OBTAINING A BUILDING PERMIT.

SIGNATURE OF CONTRACTOR

ADDRESS OF PROPERTY WHERE POOL IS BEING INSTALLED

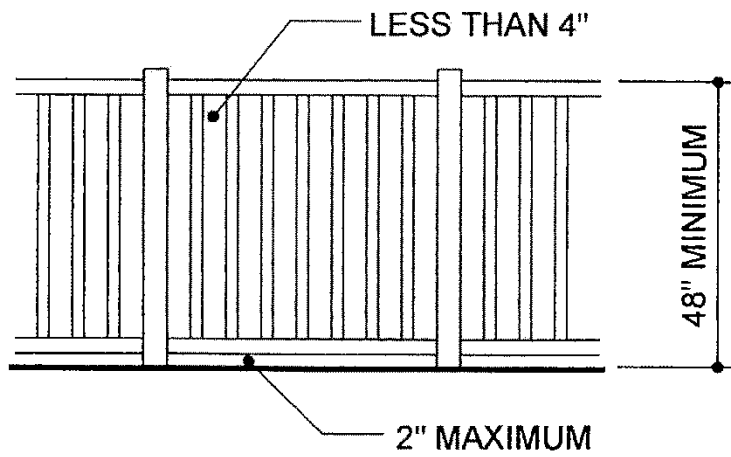
DATE

NO FENCE – NO INSPECTION

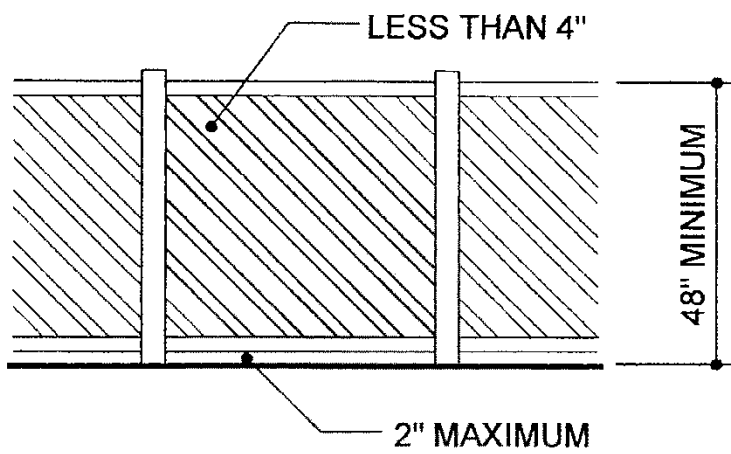


ELEVATION

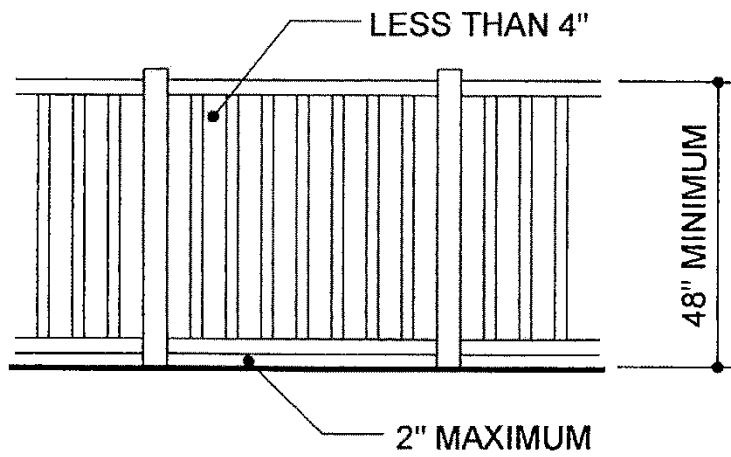
OUTSIDE OF THE POOL ENCLOSURE



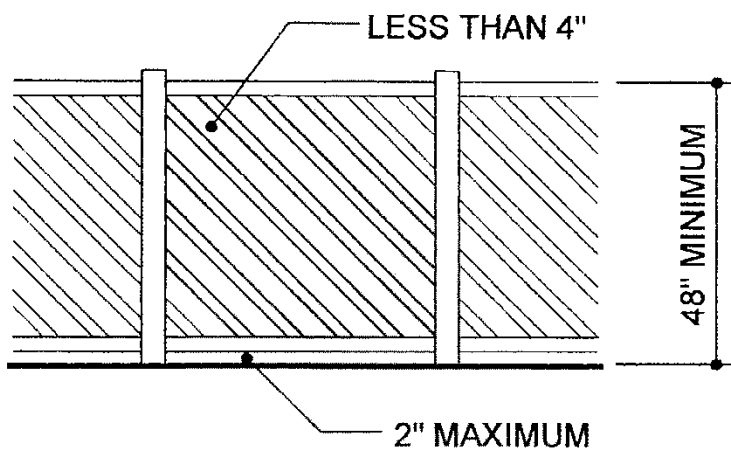
ELEVATION



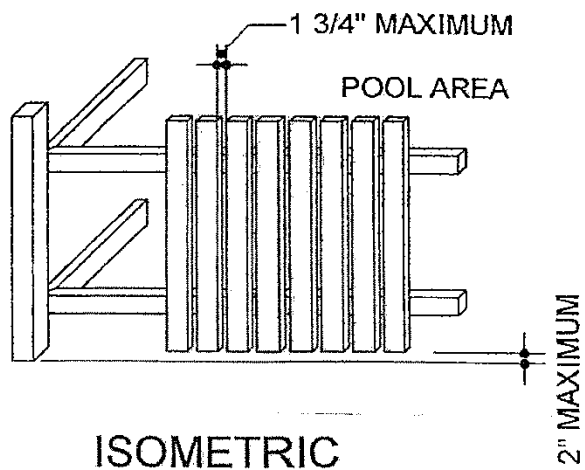
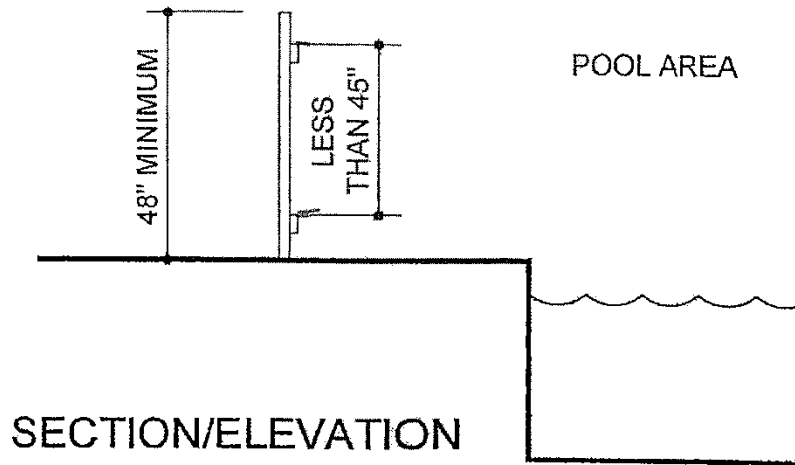
ELEVATION

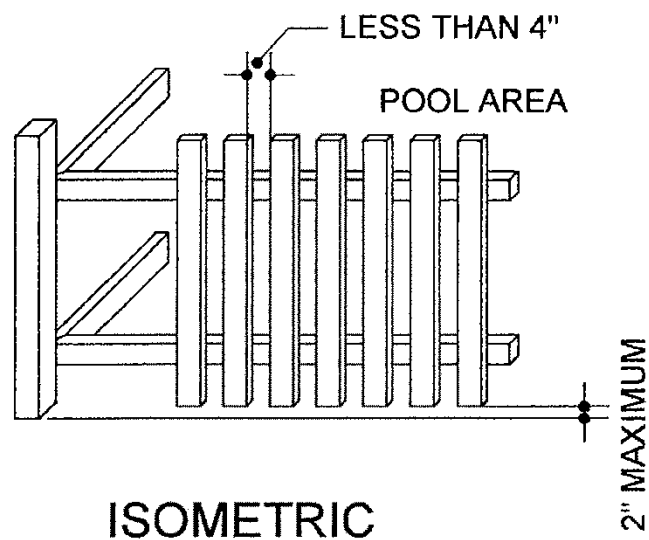
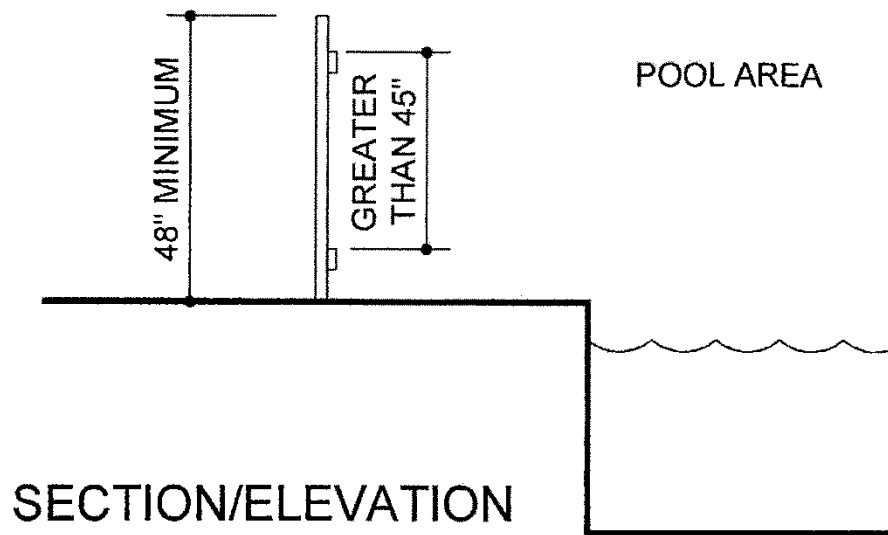


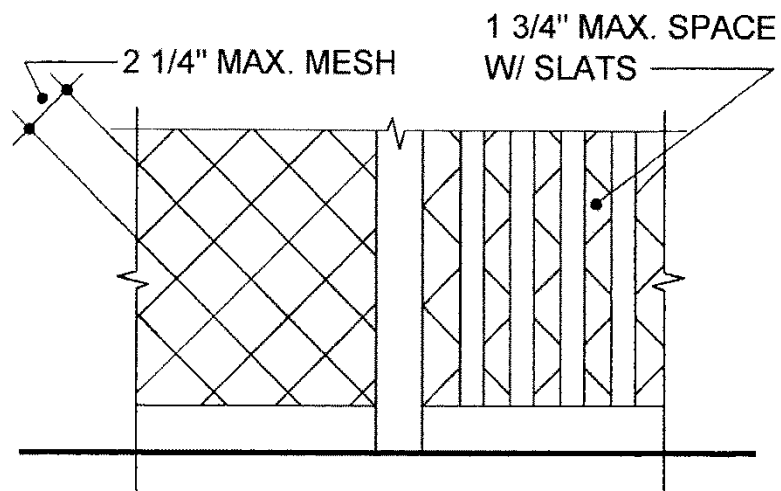
ELEVATION



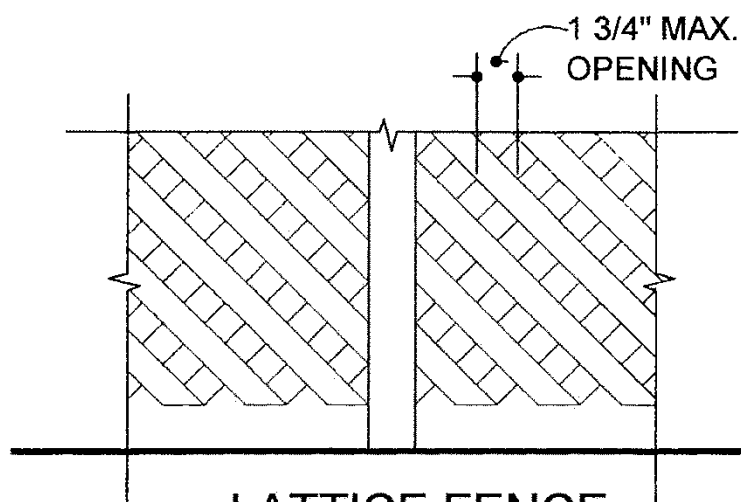
ELEVATION



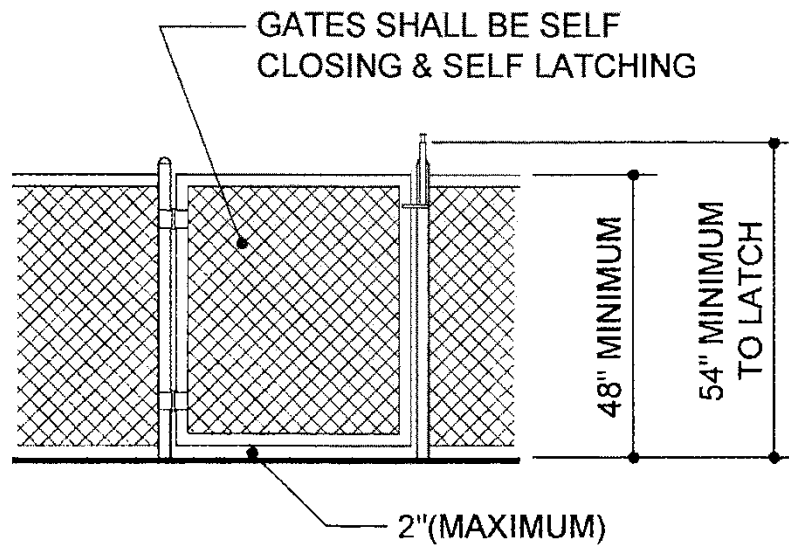




CHAIN LINK FENCE



LATTICE FENCE



ELEVATION

PEDESTRIAN ACCESS GATE