

INLAND WETLANDS
COMMISSION
Telephone (203) 563-0180
Fax (203) 563-0284



TOWN HALL
238 Danbury Road
Wilton, Connecticut 06897

APPLICATION FOR A MINOR REGULATED ACTIVITY

For Office Use Only:

Filing Fee \$	WET#
Date of Submission	Wilton Land Record Map#
Date of Acceptance	Volume # Page #
	Assessor's Map # Lot#

APPLICANT INFORMATION:

Applicant: Peter Sanfilippo
Address 43 Old Driftway

Telephone (203) 716-1026
Email sanfilippo@gmail.com

Agent (if applicable) Andrew Allegretta
Address PO Box 914 Madison, CT. 06443

Telephone (203) 246-2782
Email Andy@trietta.com

PROPERTY INFORMATION:

Property Address 43 Old Driftway
Acres of altered Wetlands On-Site
Linear Feet of Watercourse
Linear Feet of Open Water
Sq. Ft. of proposed and/or altered impervious coverage

Site Acreage ~2 acres
Cu. Yds. of Material Excavated 6 footings for deck
Cu. Yds. of Material to be Deposited
Acres of altered upland buffer
Sq. Ft. of disturbed land in regulated area

APPLICATION REQUIREMENTS:

Is The Site Within a Public Water Supply
Watershed Boundary? NO YES*

Is The Site Within 500 Feet of a Town Boundary?
NO YES*

* If the answer is yes, then the applicant is responsible for notifying the appropriate water authority and/or adjoining community's Wetlands Department. Instructions for notification are available at the office of the commission.

Project Description and Purpose: Remove existing 12' x 40' deck and rebuild with 6 new footings.

In addition, the applicant shall provide three (3) collated paper copies of the following information as well as an electronic submission via email to mike.conklin@wiltonct.org & elizabeth.larkin@wiltonct.org **

- ☒ A. Written consent from the owner authorizing the agent to act on his/her behalf
- ☒ B. A Location Map at a scale of 1" = 800'
- ☒ C. **A Site Plan showing existing and proposed features**
- ☒ D. Names and addresses of adjoining property owners

****Application materials shall be collated and copies of documents more than two pages in length shall be double sided.**

See Section 7 of the Wetlands and Watercourses Regulations of the Town of Wilton for a more detailed description of applications requirements.

The Applicant or his/her agent certifies that he is familiar with the information provided in this application and is aware of the penalties for obtaining a permit through deception, inaccurate or misleading information.

By signing this application, permission is hereby given to necessary and proper inspections of the subject property by the Commissioners and designated agents of the Commission or consultants to the Commission, at reasonable times, both before and after a final decision has been rendered.

Applicant's Signature: _____ Date: _____

Agent's Signature (if applicable):  Date: 7/25/23

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:

43 Old Driftway	Wilton	CT	
Street	City	State	Zone

2. That Andy Allegretta 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 replace existing deck

at the above site.

3. That Andy Allegretta 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: 7/7/23

Owner: Peter Sanfilippo Peter Sanfilippo
Print Name Signature

115-1
DELACY RUSSELL ANTHONY &
38 OLD DRIFTWAY
WILTON CT 06897

115-12
RALEIGH ELLEN J
45 OLD DRIFTWAY
WILTON CT 06897

115-26
CLARK MARLEN S
65 OLD DRIFTWAY
WILTON CT 06897

127-5-4
NELSON MATTHEW ROBERTS &
447 THAYER POND RD
WILTON CT 06897

115-2
COOPER JAMES W & VICKI K
48 OLD DRIFTWAY
WILTON CT 06897

115-13
SANFILIPPO PETER & KATHERINE A
43 OLD DRIFTWAY
WILTON CT 06897

116-16
UITTERDIJK TAMMO
489 THAYER POND RD
WILTON CT 06897

115-11
MIMS JACOB R & KERRI
55 OLD DRIFTWAY
WILTON CT 06897

115-14
RESTIVO JOHN D & MARIE
39 OLD DRIFTWAY
WILTON CT 06897

116-17
WAKEN MATTHEW & MARIA SV
487 THAYER POND RD
WILTON CT 06897

Dear SNEW,

We are obtaining a permit for the replacement of an existing deck at 143 Old Driftway in Wilton, CT. The existing deck is attached to the house and is 12' x 40'. The new deck will be the same size and in the same location. If you should have any questions, please call me directly at (203) 246-2782.

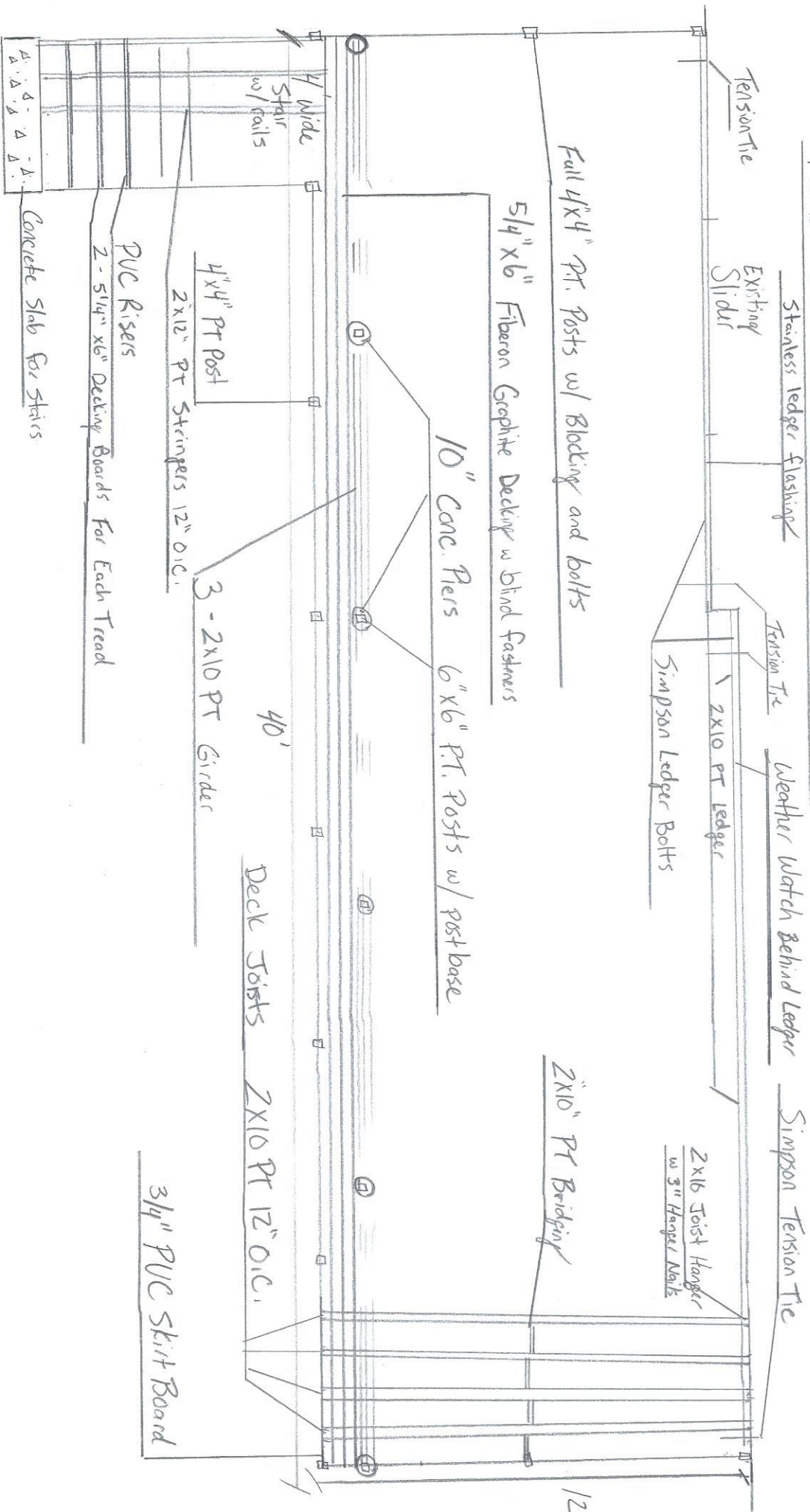
Thank you,

 7/25/23

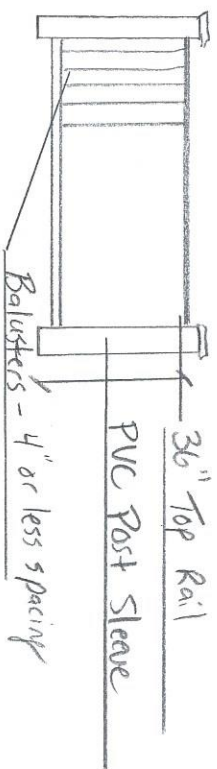
Andy Allegretta

Re Build New Deck

Scale $\frac{1}{4}" = 1'$



Railing Detail



Peter Sanfilippo
43 Old Driftway
Wilton, CT. 06897

Est. Cost \$ 36,000.00GENERAL LAND USE CHECKLIST
TOWN OF WILTON, CONNECTICUT2023-0000384HI# 0624983 Exp Date 3/31/24Email Address: Andy@trietta.com43 Old Driftway7/12/23

Property Address

Andrew Allegretta

Parcel #

PO Box 914 Madison CT. 06443 203 246-2782* **Tax Collector Approval**

Date

Applicant's Name

Peter Sanfilippo

Applicant's Address

43 Old Driftway

Phone #

203 716-1026

Year Built (verified)

Property Owner's Name

Address

Phone #

Site Phone #

Description of Proposed Work: Remove and rebuild existing deck with new footings. Same size 40' x 12'

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: 43 Old Driftway Date 7/12/23

Proposed Activity: Remove and rebuild same size deck.

Owner Peter Sanfilippo Tel. 203 716-1026 Email Andy@trietta.com

Owner's Mailing Address: 43 Old Driftway

Owner's Email: sanfilippo@gmail.com

Agent/Contractor (If Applicable): Andrew Allegretta Tel. 203 246-2782

Agent/Contractor's Email: Andy@trietta.com

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.

Andrew Allegretta A's Quality 7/12/23
Home Improvements Date

Applicant Signature (Print and Sign)

*****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 _____
Zoning Officer

Date _____



Application for Building Permit Town of Wilton

Date: 7/12/23

Estimated Cost of Work: 36,000.00
(Including; Plumbing, HVAC & Electrical)

Department of Consumer Protection No. 0624983 Expiration Date: 3/31/24

Use Group: _____ Construction Type: _____

Address of Work: 43 Old Driftway Parcel No.: _____

Owner of Building: Peter Sanfilippo Phone No.: 203 716-1026

Owner's Address if different: _____

Owner's Email: sanfilippo@gmail.com

Contractor's Name: Andrew Allegretta Phone No.: 203 246-2782

Contractor's Address: PO Box 914 Madison, CT. Email: Andy@trietta.com

Agent's Name: Andrew Allegretta Phone No.: _____

Agent's Email: _____

Architect's Name: n/a Phone No.: _____

Architect's Email: _____

Description of proposed work (detailed description): Remove existing deck and replace with new
Size of existing deck is 40' x 12' - new deck to be built same size.

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: Andrew Allegretta

Applicant Phone Number: 203 246-2782

Applicant Email: Andy@trietta.com

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

Peter Sanfilippo
Homeowner

7/12/23
Date

[Signature]
Contractor

7/12/23
Date.

Peter Sanfilippo



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 Andrew Alleqretta
Property located at 43 Old Dittway
in the City / Town of Wilton

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 A&A Quality Home Improvements, LLC

Federal Employer ID# (FEIN)—if applicable _____

Subscribed and sworn to before me this 13 day of July, 20023

Signature of Notary Public / Commissioner of the Superior Court _____



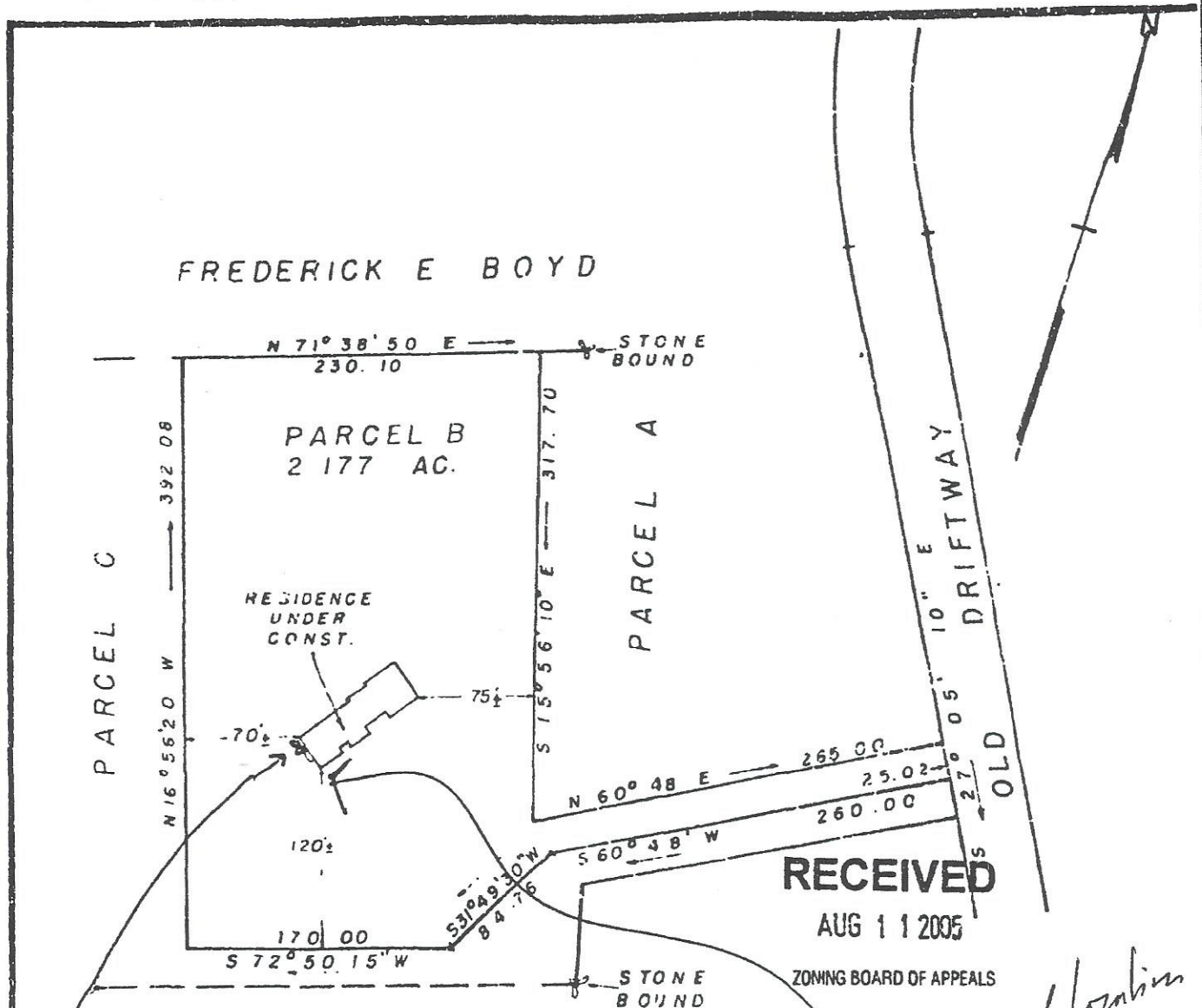
Last Surveyor
10 WINFIELD STREET
EAST NORWALK, CONNECTICUT

Property surveyed for **JOHN D RESTIVO**

Location **PARCEL B, OLD DRIFTWAY, WILTON, CONN**
REFER TO MAP OF PROPERTY PREPARED FOR JOHN D. RESTIVO
WILTON, CONN. SCALE 1"=100' CCT 19, 1967"

Scale: 1"=100'

Date: AUG 7, 1967

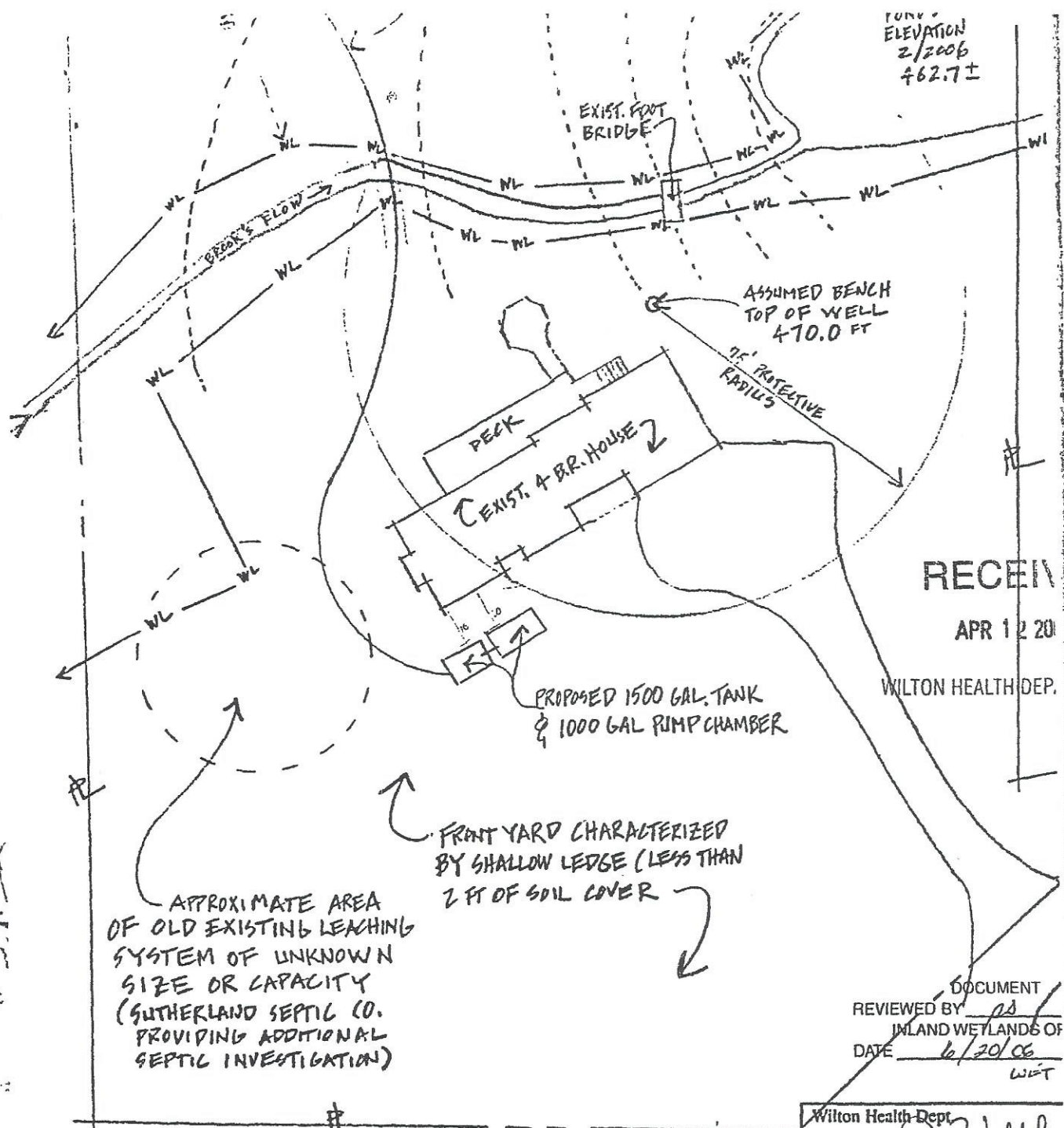


PROPERTY LOCATED IN R-2 ZONE

2 - A/c condensers

I HEREBY CERTIFY

that this survey and the measurements shown hereon are substantially correct; that the title lines and lines of actual possession are the same; that the buildings are located as shown and do not encroach over and upon street, title or building lines; that there are no violations of zoning ordinances, restrictions or other rules and regulations with reference to the location of said buildings, and that there are no easements or encroachments affecting this property apparent from a careful physical inspection of the same, other than those shown and



RECEIVED
APR 12 2006
WILTON HEALTH DEP.

APPROXIMATE AREA
OF OLD EXISTING LEACHING
SYSTEM OF UNKNOWN
SIZE OR CAPACITY
(SUTHERLAND SEPTIC CO.
PROVIDING ADDITIONAL
SEPTIC INVESTIGATION)

FRONT YARD CHARACTERIZED
BY SHALLOW LEDGE (LESS THAN
2 FT OF SOIL COVER)

DOCUMENT
REVIEWED BY ps
INLAND WETLANDS OF
DATE 6/20/06
WET

Wilton Health Dept
Reviewed By 3blue
Date 4/25/06
Approved by 3blue
Date 6/23/06

SITE PLAN SCALE: 1" = 30.0 FT
BIDD_a SEPTIC RESERVE AREA FOR #43 OLD DRIFTWAY
WILTON, CT, OWNERS ROBERT & GAIL HIESTAND
APRIL 10th, 2006, DESIGN BY SAMUEL S. NORTHROP, P.

STATE OF CONNECTICUT ♦ DEPARTMENT OF CONSUMER PROTECTION
Be it known that

A & A QUALITY HOME IMPROVEMENT LLC

22 Harbor Ave

Madison, CT 06443

has satisfied the qualifications required by law and is hereby registered as a

HOME IMPROVEMENT CONTRACTOR

Registration #: HIC.0624983

Effective: 04/01/2023

Expiration: 03/31/2024

Michelle Seagull

Michelle Seagull, Commissioner



Tax Sign Off
TOWN OF WILTON

Parcel # 115-13 Address: 43 OLD DRIFTWAY

Current Owner(s): SANFILIPPO PETER & KATHERINE A

For Official Use Only Tax Collector's Office

Tax Sign Off by: T COLE Date: 7/13/2023