TOWN OF EASTON

BUILDING DEPARTMENT

NEW HOME PERMIT

225 CENTER ROAD

EASTON, CT 06612

(203) 268-6291

www.eastonct.gov

DEPARTMENT USE ONLY

SIGN OFF FORM

Job Description: _____

Permit #	Zoning Permit #

Property Address: _____

All Departments Heads Must Sign & Date if Approved. If Sign Off is Not Needed Please Sign & Specify With N/A

Health Department

Signature _____ Date _____

Notes: _____

_____

Inland Wetland Agency

Signature _____ Date _____

Notes: _____

_____

Zoning Department

Signature _____ Date _____

Notes: _____

_____

Building Department

Signature _____ Date _____

Notes: _____

_____

GUIDE

FOR COMPLETION OF APPLICATION

- FILL OUT LEGIBLY & IN INK
- TRIPLICATE COPIES MUST BE SUBMITTED (this includes a certified plot plan by a licensed surveyor)

- Pre-construction conference with the Zoning Enforcement Officer is advised in cases where Soil Erosion and Sediment Control Plans are involved
- Building Permit, Zoning Permit, Health Permit & Wetlands Permit *(if applicable)* must be obtained before work is started *(P & Z Regulation Section 8100)*
- If applicable all driveway permits must be obtained from the Department of Public Works
- Soil Erosion & Sediment Control plan must be submitted when the total disturbed area of the proposed development is cumulatively more than ½ acre

CERTIFIED PLOT PLAN MUST SHOW

- All existing & proposed building(s) including, FRONT, SIDE & REAR SETBACKS for each building
- B100a for the Health Department (if required it will be an additional $150.00 fee for the plan review
- Wells- Existing & Proposed
- Septic Systems- Existing & Proposed
- Location & expanse of wetland, ponds & watercourses on premise & on adjoining property to a distance of 200ft
- Location of driveway(s) & existing purposed contours of land if grading change is proposed
- Abutting property owners including those on the opposite side of the public highway (names & addresses)

Notice Easton Regulation – Sections 8110, 8120 & 8130

The applicant or authorized agent shall upon completion of foundation walls submit to zoning a survey prepared by a certified & licensed land surveyor. It must show the actual location of the foundation walls on the lot. No structure or building shall thereafter be constructed above the foundation walls until the plot plan survey complying with the pertinent provisions of the certificate of zoning compliance and regulations has been approved by zoning

TOWN OF EASTON

BUILDING DEPARTMENT CHECK LIST

- **3 Copies Required (1) Original Packet (2) Copy Packets**
- **3 Copies of Certified Plot Plan (must draw in structure and any mechanicals to scale)**
- **3 Copies of As- Built or B-100a if Applicable Plan (must draw in structure and any mechanicals to scale)**
- **Entire Packet Must be Filled Out Completely in INK**
- **YOU MUST SUBMIT 3 SEPARATE CHECKS**

HEALTH DEPARTMENT

- Aspetuck Health Department Permit Application Must be Filled out Completely
- Include Septic As-Built Showing Septic Tank & Leaching Fields
- Include B-100a if Applicable ***(Which is Additional $150 for Plan Review ONLY)***
- Make Check Payable to: **"ASPETUCK HEALTH DISTRICT"** (job address in memo on check)

FEE PRICES FOR HEALTH

ADDITION, CONVERSION or RENOVATION: **$265.00** ACCESSORY STRUCTURE: **$220.00**

NEW SINGLE FAMILY RESIDENCE (NSFR): **$ 285.00**

ZONING DEPARTMENT

- Certified PLOT PLAN- Signature Letter
- Soil Erosion & Sediment Control Regulations Letter
- Fill Out Zoning Permit Applications Permit Completely & Sign (***it will not be accepted without a signature)***
- Make Check Payable to **"TOWN OF EASTON"** in the amount of $60.00

BUILDING DEPARTMENT

- Complete Building Permit Application
- Include a Copy of Your Contracting or Mechanical License & Workman's Comp Insurance
- If You Do Not Have Workman's Comp You Must Fill Out a **7B** Form and Have it Notarized
  *(the **7B** can be found on the **eastonct.gov** site under **Building**)*
- Call the Building Department to get the Permit Fee Amount
- Make Check Payable to: **"TOWN OF EASTON"**

TOWN OF EASTON

BUILDING DEPARTMENT

○ Worker's Comp Ins.

or

○ 7B *(included)*

JOB ADDRESS:	PERMIT #
Owners Name:	Contact #

I _____,hereby certify that I am the Owner or Authorized Agent of the Owner of the Property herein described and duly authorize,_____on my behalf to execute an application for Building & Zoning permits and/or approval on my property.

Signature: _____ Date: _____

Contractor Name:		Contact #	
Business Address:	City:	State:	Zip
Registration No.	Expiration Date:	C.B.Y.D. No.:	
Architect:		Contact #:	
JOB DESCRIPTION: *(describe on lines below put square footage If applicable)*		JOB COST:	
Note: Estimated Job Cost Does Not Include Mechanicals. Mechanical Permits Are Priced Separately			

I, THE UNDERSIGNED, hereby affirm and attest that I am familiar with the requirements & provisions of the CONNECTICUT STATE BUILDING CODES and Ordinances of the TOWN OF EASTON as they apply to the work described above, and I agree to satisfy those requirements in every portion of that work, and to give the applicable local & state requirements precedence over other written specification, drawings and instructions. I further agree to cooperate with and assist the Officials of the TOWN OF EASTON in their inspections of this work, and in the enforcement of applicable local and state codes and regulations. This permit will expire unless the work is commenced within 180 days.

I authorize the TOWN OF EASTON to properly dispose of all residential construction plans two years after issuance of the Certificate of Occupancy unless written request is submitted to the Building Department within that time.

Signature of Applicant: _____ Date: _____

THIS SECTION TO BE FILLED OUT BY PLAN REVIEWER

ESTIMATED JOB COST	$
BUILDING PERMIT FEE	$
PLANNING ZONING FEE	$
CERTIFICATE OF OCCUPANCY FEE	$
ADMINISTRATION FEE	$
TOTAL FEE AMOUNT	**$**

BUILDING OFFICIAL SIGNATURE:	DATE ISSUED:

TOWN OF EASTON

BUILDING DEPARTMENT

225 Center Road, Easton, CT 06612

Telephone: 203-268-6291

Building Official: Peter Howard

PERMIT # _____

2018 Connecticut State Building Code IRC R-313 With Amendments & Connecticut State Statutes

JOB ADDRESS: _____

When alterations or additions requiring, a building permit occur or when one or more sleeping rooms are added or created in existing buildings, the entire building shall be provided with smoke detectors and carbon monoxide detectors located as required for new dwelling units.

SMOKE DETECTORS & CARBON MONOXIDE DETECTORS SHALL BE INSTALLED IN THE FOLLOWING LOCATIONS:

SMOKE DETECTORS	MUST BE IN EACH SLEEPING ROOM
SMOKE DETECTORS	IN EACH STORY WITHIN THE DWELLING UNIT, INCLUDING BASEMENTS
CARBON MONOXIDE DETECTORS	OUTSIDE EACH SLEEPING AREA IN THE IMMEDIATE VICINITY OF
CARBON MONOXIDE DETECTORS	IN EACH STORY WITHIN THE DWELLING UNIT

☐ **Homeowner** ☐ **Permit Holder** (**check one**)

I Agree to Comply with Above Code Requirements,

Printed Name: _____

Signature: _____ Date: _____

ASPETUCK HEALTH DISTRICT

Property Owner Authorization

180 Bayberry Lane, Westport, CT 06880-2855

THIS MUST BE SIGNED

To Whom It May Concern:

I hereby declare that I am the owner of the premises described as follows:

Job Address: _____

City: _____, State:_____, Zip: _____

That (please print name) _____ is duly authorized for and on my behalf to execute an application for health permits and/or approval on my property.

Date: _____

Owner (please print name): _____

Owner's Signature: _____

Owner's Telephone # _____ Email: _____

Owner's Representative (please print) _____

Representative Signature: _____

Rep's. Telephone: _____ E-mail: _____

FEE IS NON-REFUNDABLE

Fee: $285.00 PERMIT # _____

ASPETUCK HEALTH DISTRICT

180 Bayberry Lane, Westport, CT 06880-2855
Telephone: (203)227-9571

APPLICATION FOR A NEW HOUSE

Date: _____ **Owner's Name:** _____

Property Address: _____, Town:_____, Zip: _____

NEW HOUSE: # of BEDROOMS: _____ # of BATHROOMS:_____

Finished Attic: ☐ **Yes** ☐ **No**

Finished Basement: ☐ **Yes** ☐ **No**
Proposed Tubs more than 99 gallons: ☐ **Yes** ☐ **No**

WATER SUPPLY: **Public Water** ☐ **Yes** ☐ **No**
Private Well ☐ **Yes** ☐ **No**

Footing drains required: ☐ **Yes** ☐ **No** **Water treatment Proposed:** ☐ **Yes** ☐ **No**
Lawn Irrigation Proposed: ☐ **Yes** ☐ **No** **Geothermal wells proposed:** ☐ **Yes** ☐ **No**

SEPTIC SYSTEM DESIGN ENGINEER: _____

Proposed Septic System: _____ _____
Tank Size Leaching

Owner or Duly Authorized Representative (Print): _____

Signature of Owner or Authorized Representative: _____ Date: _____

Contact Phone Number: _____

Aspetuck Health District Remarks

CONDITIONS: _____

_____

_____

_____

_____

Approved: _____ **Date:** _____

Septic As-built received: ☐ YES ☐ NO **Date:** _____
Well water approved: ☐ YES ☐ NO **Date:** _____
Well completion report received: ☐ YES ☐ NO **Date:** _____

Final Inspection: _____ **Date:**_____
Sanitarian Signature

Final Remarks:

_____

_____

TOWN OF EASTON

APPLICATION FOR PERMIT
ZONING

Date:_____ **ZONING #** _____

LOCATION ADDRESS:_____ **Map No. / Subdivision:**_____

NAME OF OWNER: _____

MAILING ADDRESS _____

Type of Construction: New ☐ Alteration ☐ Addition ☐ Renovation ☐ Conversion ☐

Type of Structure: Residential ☐ Accessory Structure ☐ Garage ☐ Pool ☐ Other ☐ _____

DESCRIPTION:

_____

_____

_____

Max Height of Proposed Building (Section 3540) _____

ZONE A (1acre) ☐ **ZONE B** (3acre) ☐ **SQ FEET or LOT SIZE ACRES** _____ **LOT FOOTAGE**_____

Total Wetland Area (as determined by soil classification) _____ Activity in 100yr. flood plan? ☐ **Y** ☐ **N**

SETBACKS:

Existing: **Front**_____**Side Yards: Left**_____**Right**_____**Rear**_____

Proposed: **Front**_____**Side Yards: Left**_____**Right**_____**Rear** _____

THIS AREA MUST BE FILLED OUT COMPLETELY

	EXISTING SQ. FEET	**PROPOSED SQ. FEET**
BASEMENT (living space size only)		
1st FLOOR		
2nd FLOOR		
GARAGE (state detached or attached)		
PORCH / DECK		
ACCESSORY BLDG.		
POOL		
OTHER		

Max height of proposed building (Section 3540) _____

THE, UNDERSIGNED applicant hereby consents to necessary & proper inspection of the subject premises by representative of P&Z Commission, at reasonable times, both before & after any permit applied for has been granted by the agency. I, hereby certify that the above answers are correct & true & that I shall conform to the requirements for the Zoning Regulation of the Town of Easton, CT.

Owner/Agent Signature:_____**Ph.**_____**Address**_____

TOWN OF EASTON

PLANNING & ZONING

DATE: _____ **ZONING #** _____

Location Address: _____

ZONING PERMIT APPLICATION NEW CONSTRUCTION EROSION & SEDIMENT CONTROL AGREEMENT

I, HEREBY agree to adhere to the Easton Zoning Regulations regarding Soil, Erosion & Sedimentation Control as follows for the location stated above:

- ***Land disturbance will be kept to a minimum; scheduling re-stabilization A.S.A.P***
- ***Hay bale filters will be installed at all culvert outlets & along the toe of all critical cut & fill slopes***
- ***Culvert discharge areas will be protected with rip-rap channels & energy dissipaters will be provided if necessary***
- ***Protect all catch basins with bay hale filters throughout construction & until area is thoroughly stabilized***
- ***Erosion & Sediment Control measures will be in accordance with standards & specifications of the Erosion & Sediment Control Handbook***
- ***Erosion & Sediment control measures will be installed prior to construction if possible***
- ***Control measures will be maintained in effective condition throughout construction***
- ***Additional control measures will be installed during construction if necessary***
- ***Sediment removed from control structures will be disposed consistent with the intent of the plan***

- _____***,is assigned responsibility for implementing Erosion & Sediment Control Plan which includes, Installation & Maintenance Control Measures informing ALL parties engaged on the construction side of the requirements & objectives of the plan, notifying P&Z office #203-268-6291 of any transfer of this responsibility, and for conveying a copy of the Erosion & Sediment Control Plan if title to land is transferred.***

Applicant Signature _____ **Date:** _____

Owner Signature _____ **Date:** _____

PLOT PLAN AGREEMENT

I, HEREBY acknowledge the requirements of Section 8120 of the TOWN OF EASTON, ZONING REGULATIONS with regard to plot plans:

- ***Upon completion of the foundation walls or other solid supporting sub-structure and NO LATER than the scheduled inspection date for a back-fill inspection by The Building Department I will comply with referenced regulations***
- ***A CERTIFIED PLOT PLAN must meet the requirements of a LOCATION SURVEY as defined in THE CONNECTICUT STATE, "STANDARDS FOR SURVEY AND MAPS" published by the CONNECTICUT ASSOCIATION OF LAND SURVEYORS***

I, HEREBY acknowledge that prior to the issuance of a Certificate of Zoning Compliance, I must submit an IMPROVEMENT LOCATION SURVEY defined by the above reference standards.

Applicant Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

TOWN OF EASTON

225 Center Road, Easton, CT 06612

ALL APPLICANTS FOR **BUILDING AND ZONING PERMITS** MUST NOTIFY THE AQUARION
WATER CO. WITHIN **7 DAYS** OF APPLICATION, WHERE THERE IS LAND DISTURBANCE
WITHIN THE **PUBLIC WATER SUPPLY WATERSHED.**

PLEASE INCLUSE A COPY OF THIS NOTICE WITH YOUR APPLICATION AS WELL AS A COPY OF CERTIFIED RECEIPT.

SEND NOTICE BY CERTIFIED MAIL TO

Joe Welsh
Aquarion Water Co.
714 Black Rock Turnpike
Easton, CT.

TOWN OF EASTON

Easton Public Works Department

15 Westport Rd, Easton, CT 06612

THIS IS NOT A DRIVEWAY PERMIT

THIS MUST BE FILLED OUT & SIGNED

As part of the process for obtaining a building permit, certain driveway permits, a road opening permit, or certain permits from the Town, the property owner & general contractor are notified that

THE UNLOADING & LOADING OF CONSTRUCTION MACHINERY INCLUDING, BUT NOT LIMITED TO TRACK MACHINERY ON TOWN ROADS SO AS TO DAMAGE THE ROAD, CURBING, OR OTHER TOWN PROPERTY IS PROHIBITED.

Please note that the homeowner and the contractor ***WILL BE RESPONSIBLE*** for any & all damages to the road, curbing, or other Town property.

Final approval of any work covered by a permit will not be made until any damage has either been repaired to satisfaction of the Town or payment for such damage has been made. In the event that you believe there is pre-existing damage for which you as the property owner or general contractor should not be responsible, it is your responsibility to notify the Town prior to unloading and loading any construction equipment so that verification of pre-existing damage can be documented by an employee of, Easton Public Works Department.

Property Location: _____

WE HAVE READ & UNDERSTAND & ACCEPT THE CONDITIONS OF THIS NOTICE

PROPERTY OWNER

Signature: _____

Printed Name: _____

Phone: _____ **Date**: _____

GENERAL CONTRACTOR

Signature: _____

Printed Name: _____

Phone: _____ **Date**: _____