

# **IMPORTANT**

## **“PLEASE READ”**

To better serve you and avoid delays, it is important that you are prepared with proper documents when applying for Permits.

### **PLEASE HAVE WITH YOU THE FOLLOWING:**

- 1) A **SIGN-OFF SHEET** with signatures at lines marked with an (X) or check mark ( ).
- 2) **TWO** sets of **PLANS** drawn to ¼ inch scale “for the Building Department” and, if applicable the Health Department and Fire Department will require one (1) set each.
  - a) Floor Plan
  - b) Elevation
  - c) Cross Section
- 3) **PINK APPLICATION** sign by the Owner and/or Applicant (if applicant is authorized by the owner to act on his/her behalf) – if so, the back of the Application should be signed and notarized.

(If owner is not a “Contractor” a copy of their license is required).

### **4) WORKMEN’S COMPENSATION CERTIFICATE.**

- 5) A **CHECK** for the amount of the permit fee i.e., **Residential one and two family**; ten dollar (**\$10.00**) per each one thousand or fraction thereof; **Commercial and Residential 3-families or more**, sixteen dollars (**\$16.00**) per thousand or fraction thereof. Based on estimated cost, there will be an **additional** twenty six (**\$.26**) cents per thousand. In no case shall the permit fee be less than fifty (**\$50.00**) dollars. The minimum fee for **ANY** permit shall be **\$50.00 + \$.26 tax (\$50.26)**.

WHEN ALL **ABOVE DOCUMENTS** are completed, please **SIGN THE SHEET** on the counter and you will be served in the order signed.

For further assistance, you could speak to a receptionist.  
revised 07/01/2010





CITY OF STAMFORD  
BUILDING BUREAU

BP-200 - \_\_\_\_\_  
SWO#: 200 - \_\_\_\_\_

**DEPARTMENTAL APPROVAL FOR BUILDING PERMIT**

Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Gen. Contractor: \_\_\_\_\_ Address: \_\_\_\_\_  
Architect: \_\_\_\_\_ Address: \_\_\_\_\_  
Job Location: \_\_\_\_\_ Address: \_\_\_\_\_  
Permission to: \_\_\_\_\_

- \*\* 1) Owner ( ) Applicant ( ) or Contractor ( ) is ( ) was ( ) a City of Stamford employee ( ) or official ( ).
- 2) **No Building Permit will be issued until the following signatures are obtained with reference to the above mentioned project.**

- | <u>Required</u> | <u>N/A</u> |  |
|-----------------|------------|--|
| ( )             | ( )        | Assessor's Office: _____<br>Lot#: _____ List#: _____<br>Card#: _____ Date: _____ |
| ( )             | ( )        | Tax Collector: _____   |
| ( )             | ( )        | Zoning: _____  |
| ( )             | ( )        | Coastal Management: _____  |
| ( )             | ( )        | Envir. Prot.: _____  |
| ( )             | ( )        | Flood Plain: _____   |
| ( )             | ( )        | Fire Marshal: _____  |
| ( )             | ( )        | Health Dept.: _____  |
| ( )             | ( )        | Housing Code: _____  |
| ( )             | ( )        | Traffic Dept.: _____   |
| ( )             | ( )        | U.R.C.: _____  |
| ( )             | ( )        | D.O.T.: _____  |
| ( )             | ( )        | W. P. C. A. _____  |
| ( )             | ( )        | Building Official: _____   |

Upon securing the required signatures, return this document to the Division of Building Inspection, City of Stamford.

\*\* City Eng.: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

**Robert D. DeMarco**  
**Chief Building Official**

**APPLICATION FOR BUILDING PERMIT**  
**BUILDING INSPECTION BUREAU**  
**CITY OF STAMFORD**

(Note: All questions must be answered. If material does not apply, mark "none")

The undersigned hereby applies for permission to \_\_\_\_\_

The same to be in all respects in accordance with the laws and building regulations of the State of Connecticut and the City of Stamford, and as set forth in the accompanying drawings and specifications in so far as the same shall be found not to conflict with the aforesaid State and City laws and building regulations.

Permit No. ....Grand List Card No. ....Lot No. ....Date.....  
 Estimated Cost.....Fee.....Job Site Address.....  
 Contractor License No. ....Investigation Fee.....  
 Applicant.....Address.....  
 Owner of Land.....Address.....  
 Owner of Bldg. ....Address.....  
 Tenant.....Address.....  
 Architect.....Address.....  
 General Contractor.....Address.....  
 For additional information, call.....Area Code.....

**BUILDING CODE REQUIREMENTS FOR ONE & TWO FAMILY DWELLINGS ONLY**

New Bldg. ( ) Detached Structure ( ) Addition ( ) Alteration ( ) Hgt: .....Stories .....Ft.  
 Dimensions of Bldg.: Length..... Width..... Total Sq. Ft. ....  
 Type of Construction.....Floor Live Load.....Lbs/Sq.Ft. ....  
 Present or Former Use.....Proposed Use.....  
 Sewer System: Sanitary Sewer ( ) Septic System ( )  
 Water System: Water Co. ( ) Well ( )

**ADDITIONAL INFORMATION FOR MULTI-FAMILY AND COMMERCIAL BUILDINGS ONLY**

New Bldg. ( ) Detached Structure ( ) Addition ( ) Alteration ( )  
 Use Group.....Type of Construction.....Fire Rating.....  
 Special Stipulation & Conditions.....  
 Fire District.....Occupancy Load.....Floor Live Load.....Lbs/Sq. Ft.  
 Allowable Area Per Floor.....Bldg. Area Per Floor.....  
 Allowable Height: .....Stories.....Feet Bldg. Height: .....Stories .....Ft.  
 If Application is for Tenant Space .....Sq. Ft.: Located on Floor(s).....  
 Threshold Bldg. ....Number of Units.....  
 Handicap Accessibility.....Number of Handicap Units.....

The laws and building regulations of the State of Connecticut and City of Stamford shall at all times have precedence over drawings and specifications. Anything contrary to said laws and regulations that may at any time appear in drawings and specifications, or in the work as executed, shall be corrected without delay upon the receipt of due notice from the Building Inspector. The granting of a permit for the proposed work shall not be assumed or construed any right or permission to do anything contrary to the laws and regulations aforesaid, under any circumstances whatsoever.

Signature of Owner \_\_\_\_\_ Signature of Applicant \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_

**A F F I D A V I T**

STATE OF CONNECTICUT }  
 COUNTY OF FAIRFIELD }     as: Stamford this     day of     19     

I, the undersigned, being duly sworn, hereby make affidavit

1. I am the agent of the Owner -- Lessee of the building or structure -- Licensed Engineer -- Architect -- employed in connection with the proposed work -- all set forth in the Application for Building Permit.

2. The proposed work is authorized by the owner - in - fee and the undersigned is authorized by the owner - in - fee to make the Application for Building Permit.

Personally appeared \_\_\_\_\_  
 who made oath to the truth of the foregoing before me.

Notary Public  
 My Commission expires: \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 (For Office Use Only)  
 BUILDING PERMITS

- 101 One-family house, detached
- 102 One-family house, attached
- 103 Two-family house
- 104 Three-family house
- 105 Multi-family (five or more)
- 133 Added units to dwelling
- 134 Existing
- 134 Additions to dwellings
- 134 Alterations to dwellings
- 136 Garages (residential)
- 329 Pools
- 328 Accessory Bldgs.
- Foundation
- Excavation
- Fence
- 324 Business Bldg.
- 320 Type
- 320 Industrial Bldg.
- 327 Mercantile Bldg.
- 318 Theatres
- 326 Schools
- 319 Church
- Elevator
- 437 Add. to Com'l Bldg.
- 437 Alter. to com'l Bldg.
- Other
- Coastal Site Plan (Review)
- Coastal Site Plan (Exempt)

**BP-200**  
 (FOR OFFICE USE ONLY)

FEE \$ \_\_\_\_\_ .00  
 COST \$ \_\_\_\_\_ .00  
 DATE \_\_\_\_\_

**BUILDING PERMIT**

For \_\_\_\_\_

Type of Const. \_\_\_\_\_ Use \_\_\_\_\_ Group \_\_\_\_\_

Spec. Stipulations & Cond. \_\_\_\_\_

Location \_\_\_\_\_

Owner \_\_\_\_\_

Address \_\_\_\_\_

Applicant \_\_\_\_\_

Expeditor \_\_\_\_\_

Address \_\_\_\_\_

Architect \_\_\_\_\_

Contractor \_\_\_\_\_

Total Sq. Footage \_\_\_\_\_

Foundation Permit # \_\_\_\_\_

Code Official \_\_\_\_\_

ROLL-UP ( ) FOLD ( )

Permit: \$ \_\_\_\_\_

State Tax: \$ \_\_\_\_\_

By: Check ( ) Cash ( )

TOTAL: .....\$ \_\_\_\_\_

City of Stamford  
Building Inspection Division  
888 Washington Blvd, Stamford, CT 06901  
Phone 203-977-5700 - Fax 203-977-4163

**WORKERS' COMPENSATION COVERAGE AFFIDAVIT**

In accordance with Public Act 96-216, Section 4, effective June 4, 1996 and as Permittee on the project listed below I

hereby choose the following option to verify compliance with the above stated Connecticut Workers' Compensation

Laws (Select ONLY one):

**PROJECT IDENTIFICATION:**

PROPERTY OWNER(S) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

APT/UNIT NO. \_\_\_\_\_ SECTION OF CITY \_\_\_\_\_ CT \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_

**HOMEOWNER:**

I, \_\_\_\_\_, the owner of the above described property will be acting as General Contractor on this project, and hereby swear and attest that I will require proof of Workers' Compensation Insurance from each and every subcontractor or other worker before he/she engages in work on my property for this project.

**SOLE PROPRIETOR:**

I, \_\_\_\_\_, the contractor working on the above referenced project claim exemption from Public Act 96-216 as a sole proprietor and do not intend to act as a general contractor or principal employer on this project. I understand that this means I am not engaging anyone to work under me on this project.

**CONTRACTOR:**

I, \_\_\_\_\_, intend to act as a general contractor on the above referenced project and hereby swear and attest that I will require proof of Workers' Compensation Insurance from all subcontractors and all other workers employed on this job site. I understand it is my responsibility to insure compliance with CT Workers' Compensation Laws on this project.

**CORPORATE OFFICER OR BUSINESS PARTNER:**

I, \_\_\_\_\_, claim exemption for myself from the CT Workers' Compensation Laws by obtaining a certificate of exemption from the Workers' Compensation Commission. I am submitting verification of same by the following:

- Certificate of Insurance (must be attached)
- Commission's exemption certificate (must be attached).

I understand this exempts only myself and I hereby swear and attest that I will require proof of Workers' Compensation Insurance from all subcontractors and all other workers employed on this project.

In accordance with Public Act 96-216, Section 4, I hereby state that I fully understand that every person employed or engaged to perform services on this construction site (including sole proprietors, independent contractors, both owners and employees of subcontracting companies), are required to have Workers' Compensation Insurance.

understand that there are new significant penalties under the Workers' Compensation Laws for misrepresentation's employer status.

(Signed) \_\_\_\_\_ date \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
(Notary, Commissioner of the Superior Court, Justice of the Peace)

(1/5/2010)

**BUILDING BUREAU  
CITY OF STAMFORD**

**Please Note: This form MUST be completed prior to any permit issued by the Bldg Dept**

Investigation Fees prior to Certificate of Occupancy - Certificate of Approval

Please be advised that your signature, as the owner requesting a Building, Electrical, Plumbing & HVAC permit will be required certifying your clear understanding of what would be required if final inspections have not been obtained prior to a Certificate of Occupancy or approval.

Section 123.5 of the Stamford code of ordinances are as follows;

- (1) Certificate of Occupancy shall be required for all new construction, pools, decks or accessory structures before occupancy where the work has not been inspected or finalized in accordance with the Connecticut State Building Code. Alterations and renovations shall require a Certificate of Approval for all completed work that does not require a Certificate of Occupancy. Any person, owner or contractor who allows occupancy and has not obtained an approval before final inspections are made shall be subject to a fee of One Thousand Dollars (\$1,000.00).
- (2) Whenever a Certificate of Occupancy is requested by an owner from the Building Department for construction, alternations or any activity requiring a permit, one year or more after final inspections have been performed (or partial Certificate of Occupancy have been issued), an additional fee of One Thousand Dollars (\$1,000.00) shall be paid by the owner before said certificate is issued.
- (3) Whenever any Electrical, Plumbing or Mechanical permit is issued for any work, and such work has been completed but no Certificate of Approval has been obtained within one year of completion, the permittee shall pay a fee of Two Hundred Dollars (\$200.00).

I \_\_\_\_\_ certify that on \_\_\_\_\_

at the address known as \_\_\_\_\_ have read

the above ordinance investigation fees that will be assessed if final inspections have not been obtained for Certificate of Occupancy, or Certificate of Approval.

Signed \_\_\_\_\_

**OVER**

## **INSPECTION PROCEDURE:**

**After a building permit has been issued a HVAC, Plumbing and Electrical permits must be obtained before work is performed.**

**After rough work has been done in walls and ceiling rough inspections must be called in prior to framing inspections.**

**After all rough inspections have been completed and signed off a framing inspection needs to be called in before closing walls and ceilings.**

**After all rough inspections have been signed-off on the building card and work has been completed all final signatures have been obtained including all other required departments. The building card must be returned to the building department and a proper certificate will be issued.**

**When an HVAC, Plumbing, Fire Protection, Roof and Siding permit has been issued without a building permit a final inspection must be obtained and a certificate of approval will be issued.**