TOWN OF SOMERS

BUILDING PERMIT APPLICATION

600 Main Street, Somers, CT 06071 860-763-8220

RESIDENTIAL ACCESSORY STRUCTURES

PERMIT #

B

PLEASE COMPLETE AREAS IN RED

Date:_____

Location of Work_____

Purpose of Permit_____

_____
APPLICANT

_____
STREET-MAILING ADDRESS

_____
TOWN STATE ZIP

_____
PHONE NUMBER CELL PHONE NUMBER

FEES PAID SUMMARY:

EST. COST _____

DO NOT INCLUDE MECHANICAL COSTS

BLDG PERMIT FEE _____

CO/CU FEE _____

ZONING FEE _____

HEALTH FEE _____

AMOUNT PAID_____

DATE_____CK #_____

_____
OWNER

_____
OWNER'S ADDRESS

_____
PHONE NUMBER CELL PHONE NUMBER

ZONE_____LOT SIZE_____

FRONTAGE_____

DISTANCE TO PROPERTY LINES:

FRONT: _____SIDE_____REAR_____

APPLICATION FOR: ☐ ADDITION ☐ SHED ☐ FENCE ☐ SWIMMING POOL ☐ LP TANK (>124 GALS) ☐ OTHER_____

PROPERTY USE: ☐ SINGLE FAMILY ☐ MULTI-FAMILY NEW BEDROOMS? ____ N _____ Y NUMBER OF NEW BEDROOMS_____

SIZE (area) _____ **DIMENSIONS:** _____X_____ **HEIGHT:**_____

BASEMENT: __Y __N **FOOTING DRAINS:** __Y __N ☐ FROST WALL ☐ ☐ PIERS ☐ GRAVEL BASE

Are there existing structures on the property YES____NO____

Are there wetlands/watercourses on the property YES____NO____

Is the structure in a regulated Flood Zone
YES____NO____
If yes – FIRM Panel #_____

THE UNDERSIGNED HEREBY CERTIFIES THAT: _____I AM THE OWNER OF RECORD OF THE NAMED PROPERTY OR_____THE PROPOSED WORK IS AUTHORIZED BY THE OWNEROF RECORD AND/OR I HAVE BEEN AUTHORIZED TO MAKE THIS APPLICATION AS AN AUTHORIZED AGENT, AND WE AGREE TO COMPLY WITH ALL LOCAL ORDINANCES AND CT BUILDING CODES IN THE PERFOMANCED OF SUCH WORK

Site Plan Attached: ____ Y ____ N Building Plan Attached: ____ Y ____ N

Signature of Applicant_____Date_____License #_____

Taxes Due: _____ Y _____ N **Sewer/Water Due: _____Y _____ N** Date: _____ By _____

Health/WPCA: APPROVED_____ DISAPPROVED_____DATE_____BY_____

COMMENTS_____

Conservation: APPROVED_____ DISAPPROVED_____DATE_____BY_____

COMMENTS_____

Fire Marshal: APPROVED_____ DISAPPROVED_____DATE_____BY_____

Public Works: APPROVED_____ DISAPPROVED_____DATE_____BY_____

Zoning: APPROVED_____DISAPPROVED_____ DATE_____ BY _____

FEE PAID_____ CK#_____COMMENTS_____

☐ CONFORMING ☐ NON-CONFORMING VARIANCE? (attach copy) _____

Building: APPROVED_____ DISAPPROVED_____DATE_____BY _____