



## REGISTERING NEW BUSINESSES IN SOMERS

Under state and local fire, building, health, zoning, and engineering regulations, all new businesses in the Town of Somers must register with the Town's Zoning Enforcement Officer. This "New Business Registration" application must be completed, along with a statement of use, and the required filing fee. Please be sure to read this entire packet thoroughly before filing anything. If you have any questions, please contact the Zoning Enforcement Officer at [jroy@somersct.gov](mailto:jroy@somersct.gov) or (860)763-8220.

Please note that your application will be reviewed as soon as possible. The turnaround time depends on submitting all required documentation and complying with all applicable requirements. During the review process, additional information may be requested by individual departments.

Once you have determined the location for your new business, you may be required to obtain permits and/or plan approvals.

Attached to this packet is a memo from the Town's Building Official regarding building permits and new businesses. Please read it, and if you have any questions, please contact the Building Official at [buildingofficial@somersct.gov](mailto:buildingofficial@somersct.gov) or (860)763-8215.

Once you have obtained your New Business Registration, you should file a Certificate of Trade Name with the Town Clerk's Office. You can contact the Town Clerk at [dmarti@somersct.gov](mailto:dmarti@somersct.gov) or (860)763-8207 if you have any questions regarding this procedure or about Trade Names.

In addition, all businesses in town are required to file Personal Property Declarations with the Assessor's Office by November 1st each year.

**If you feel you don't have any equipment that qualifies as personal property, you should contact the Assessor at [kneal@somersct.gov](mailto:kneal@somersct.gov) or (860)763-8202.**

**A statement of use is required for all new business registrations. It describes the business in detail, including what services are offered, what products are sold or provided, etc.**



## NEW BUSINESS AND THE BUILDING CODE

If you are planning to open a new business or relocate an existing business, you may need to obtain a building permit and a certificate of occupancy first, even if you do not plan to perform any actual construction work.

The Connecticut Building Code, which is the mandatory code for all cities and towns in Connecticut, requires a permit and a new certificate of occupancy for any change of occupancy. An example would be to open a barbershop (use group B) in a tenant space previously approved as a store (use group M for Mercantile).

When you change occupancy, you must demonstrate compliance with the current building code for the new occupancy. There are several alternative methods of compliance, all depending on the level of hazard associated with the new occupancy compared to the previously approved occupancy.

Please note that the previous use may not be the previously approved occupancy if the tenant did not obtain a permit and CO when they moved in. •

A new use of an existing space may require upgrading it to comply with ADA requirements. This includes access and restroom facilities for clients and staff.

If you cannot comply with modern requirements, you may attempt to obtain a waiver. The State Building Inspectors Office grants waivers with the Office of Protection and Advocacy for Persons with Disabilities. Waiver forms are available at this office, and we can help you fill them out.

If you have any questions, please contact the building department at [buildingofficial@somersct.gov](mailto:buildingofficial@somersct.gov) or (860)763-8215.

**SOMERS NEW BUSINESS REGISTRATION**

Name of Business: \_\_\_\_\_

Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Description of Use – Products, Services Performed, etc.: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY (DO NOT WRITE BELOW THIS LINE)**

Fire Marshal/Fire Chief: \_\_\_\_\_

Comments: \_\_\_\_\_

Building Official: \_\_\_\_\_

Comments: \_\_\_\_\_

Zoning Enforcement Officer: \_\_\_\_\_

Comments: \_\_\_\_\_

Director of Health: \_\_\_\_\_

Comments: \_\_\_\_\_

Director of Public Works \_\_\_\_\_

Comments: \_\_\_\_\_