

# **SHED APPLICATION**

## Town of Brookfield

### Procedure for Obtaining a Building Permit

**\*\*PLEASE READ CAREFULLY\*\***

Failure to comply with these requirements will delay the review of your application.

The Permit Application documents must be completed in ink or typed. The following is a list of the documents and information that must be submitted in order to process your application. The Land Use Office staff will ensure that the materials are distributed to each of the Land Use departments for review.

#### Shed Document Checklist

- Tax Collector Sign-off
- Copy of Wetlands permit or Subdivision Wetlands permit if work is within 75' of a wetland or 100' of a body of water or 200' from the Still River, Candlewood Lake or Lake Lillinonah
- Completed Residential Application Preliminary Zoning Request
- Re-inspection fee acknowledgement
- Letter of Authorization from property owner
- Worker's Compensation affidavit
- Limitation of Appeals on Certificates of Zoning Compliance
- Water Pollution Control Authority Review Sheet
- Contractor's license and proof of insurance
- 2 copies of Site Plan with building setbacks and location of well and septic system clearly marked
- 2 Sets of Building Plans
- Fees (includes Certificate of Zoning Compliance fee, Health Plan review fee, Building Permit fees, Certificate of Occupancy fee) .  
Note: If shed is 200 square feet or smaller, no septic plan review is required.

A schedule of building fees is available separately.

Building Permit # \_\_\_\_\_

Activity #: \_\_\_\_\_

**TOWN OF BROOKFIELD  
DEPARTMENT APPROVAL CHECKLIST**

Property UID# \_\_\_\_\_

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

Project Description: \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Owner of Record: \_\_\_\_\_ Phone #: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Developer's Lot # \_\_\_\_\_

*The applicant is responsible for obtaining all required signatures*

Department	Approved By:	Date	Comments/Stipulations
1. Tax Collector			
2. Historic District 775-2538			
3. Candlewood Shores 775-1172			
4. Public Works Dept.			
5. Inland Wetlands			
6. Zoning			
7. Health Department			
8. WPCA			
9. Fire Marshal			Read & Sign Review Sheet
10. Building Dept.			

**FINAL APPROVALS**

1. Historic District 775-2538			
2. Inland Wetlands			
3. Zoning Compliance Certificate			
4. Health Dept			
5. WPCA			
6. Fire Marshal Final Inspection			

**\*\* The Building Dept., will schedule a final inspection after receipt of this completed checklist and a request for a final inspection. \*\***

7. Building Dept.** Final Inspection			
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TOWN OF BROOKFIELD

Activity # \_\_\_\_\_

SHED APPLICATION PRELIMINARY ZONING REQUEST

APPLICATION DATE: \_\_\_\_\_

PROPERTY I.D. # \_\_\_\_\_

APPLICANT/AGENT:

Name: \_\_\_\_\_
Address: \_\_\_\_\_
Zip \_\_\_\_\_
Contact Name: \_\_\_\_\_
Phone #: \_\_\_\_\_

LANDOWNER OF RECORD:

Name: \_\_\_\_\_
Address: \_\_\_\_\_
Zip \_\_\_\_\_
Contact Name: \_\_\_\_\_
Phone #: \_\_\_\_\_

SITE DATA:

Has a variance been granted on this property? Yes [ ] No [ ]

Street Address: \_\_\_\_\_ Zone: \_\_\_\_\_

Subdivision Name: \_\_\_\_\_ Conservation Subdivision? No [ ] Yes [ ]

Acres: \_\_\_\_\_ Lot Size: (Multiply acres by 43,560 sq. ft) = Square Feet: [ ]

Table with 6 columns: SHED DIMENSIONS, Length, Width, Total sq. ft., Height, Value

COVERAGE:

INSTRUCTIONS

Item Square Feet
House \_\_\_\_\_
Deck \_\_\_\_\_
Porch \_\_\_\_\_
Garage \_\_\_\_\_
Pool \_\_\_\_\_
Other \_\_\_\_\_
Proposed Shed \_\_\_\_\_

1. Enter actual FIRST FLOOR square footage ONLY from Site Plan drawings or Tax Assessor's Field Card.

If there is no change in footprint, note this in the space below and proceed to Proposed Setbacks

Total square footage: [ ]

2. Total all of the above square footages.

PERCENT LOT COVERAGE:

[ ]

3. Divide Total Square Footage by Lot Size in square feet. Multiply the result by 100 to calculate Percent of Lot Coverage.

PROPOSED SETBACKS:

5. Enter setbacks from site plan below. 6. Indicate setbacks on site plan.

Table with 4 columns: Center of Road, Rear Yard, Right Side Yard, Left Side Yard

I represent that this information is current, accurate and complete and that all the work has been completed in accordance with ordinances, regulations, building and health codes. I agree that any information that is determined to be false, or misleading will be subject to fines and penalties set by regulation, code or statute.

I certify that I am the designated agent for this project
Signature: \_\_\_\_\_

OR
Signature: \_\_\_\_\_

Applicant

Property Owner

## INSTRUCTIONS FOR ZONING APPLICATION

### I. FORM COMPLETION: In obtaining the required information, please be guided by the following:

- "Zoning District:" Refer to Zoning District Map or Assessor's Card  
"Subdivision Name:" Refer to Subdivision List at Land Use counters  
"Subdivision Lot #:" Same as above  
"Conservation Subdivision:" Same as above  
"Permitted Use:" Refer to Zoning Regulation Section 242-401 for residential uses or Section 242-501, Table I for commercial and industrial uses.  
"Acres:" Refer to Assessor's cards, Subdivision Maps, or Land Records (Town Clerk)  
"Setbacks:" (a) For **additions or renovations**, show the setbacks to the entire structure as completed with the additions/renovations.  
(b) For **new construction**, show setbacks for all structures.

### II. REQUIRED DOCUMENTATION: Check below which documents accompany this application.

#### Preexisting Lots:

- If the lot existed prior to a rezoning action, provide prior zone designation and prior approval date.
- If lot existed prior to 6/15/60, the initiation of Zoning, attach a statement and justification that the lot is considered a "legal, preexisting lot."

#### New House Construction:

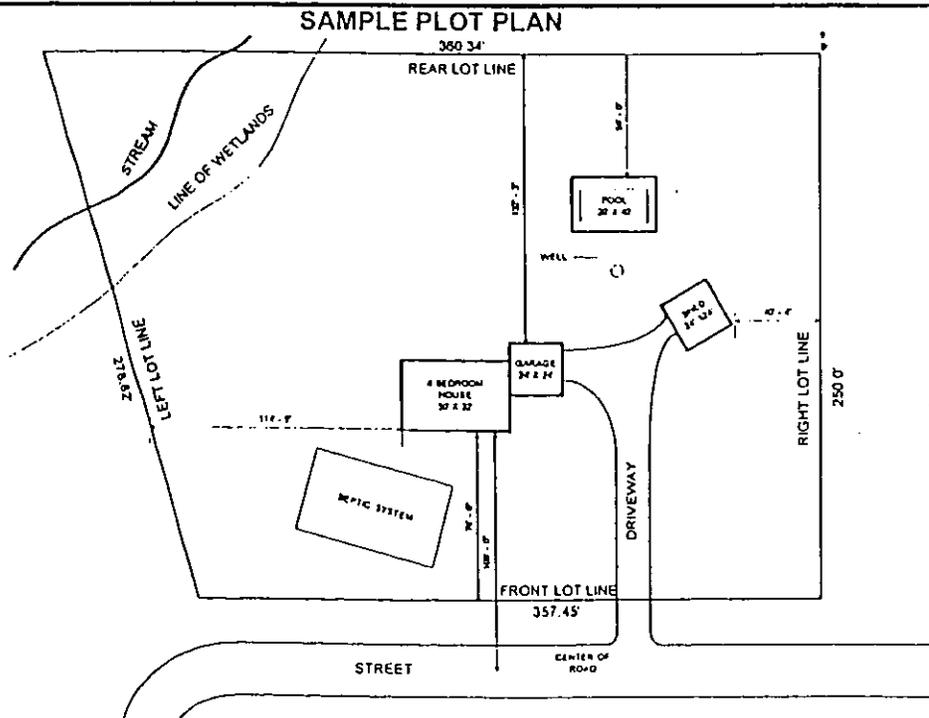
- A certified, surveyed plot plan showing the proposed and existing structures, all setbacks, property lines with dimensions, wetlands and watercourses, zoning district designations and lot area.
- House plans including elevations to indicate building height.
- Copy of Subdivision map and/or Inland Wetlands approval

#### Additions, Sheds, and Pools:

- A plot plan, to scale, minimum 8 1/2" x 11" sheet, including lot outline and dimensions, existing and proposed structure locations, all setbacks, building height, locations of: wells, septic systems and reserve areas.
  
- If structures are within 10% of minimum setbacks, an A-2 Survey is required*

### III. ACKNOWLEDGEMENT: I acknowledge herewith the requirement for the above checked data.

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_



**Town of Brookfield  
Land Use Office  
100 Pocono Rd.  
Brookfield, CT 06804**

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**ATTENTION PERMIT HOLDER**

**\*\*It is the responsibility of the permit holder or agent to call for inspections (minimum 24 hours in advance). The permit holder is responsible for all construction for that project. An oversight of code requirement(s) during plan review does not relieve you of your responsibility for compliance. During inspections, you may be required to make changes to insure that the current building & fire codes are satisfied.\*\***

- Per Chapter 127 of the Brookfield Code of Ordinances:

**Building Inspections which result in a failure will incur an additional \$25.00 fee for each reinspection.**

All reinspection fees shall be due and payable prior to the issuance of a Certificate of Occupancy.

- Per Chapter 242 of the Brookfield Code of Ordinances:

**Site Stabilization Inspections which result in a failure will incur an additional \$25.00 fee for each reinspection.**

All reinspection fees shall be due and payable prior to bond release.

***I acknowledge that per the Brookfield Code of Ordinances, I will be responsible for reinspection fees as outlined above. I also understand that it is my responsibility to call for inspections of the project.***

\_\_\_\_\_  
*Applicant/Agent signature*

\_\_\_\_\_  
*Date*

**Letter of Authorization**

To the Town of Brookfield:

I hereby declare the following:

1) That I am the owner of the premises described as follows:

\_\_\_\_\_

Street Address	City	State	Zone
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2) That I, \_\_\_\_\_, as property owner will act as general contractor.

**OR**

That \_\_\_\_\_ is duly authorized for and on behalf of the owner to execute an application for building permits to enable him/her to obtain permits to complete construction of the following work:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) That \_\_\_\_\_ is hereby designated as the owner's representative with whom all town departments may deal with in respect to the work involved.

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

Owner: \_\_\_\_\_

Print Name	Signature
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STATE OF CONNECTICUT  
WORKERS' COMPENSATION COMMISSION

Building Permit Affidavit for Property Owners or Sole Proprietors  
(Conn. Gen. Stat. § 31-286b)

Property located at \_\_\_\_\_

In the town of \_\_\_\_\_

Name of building permit applicant: \_\_\_\_\_

**Please check one:**

1.  I am the owner of the above property.
2.  I am the sole proprietor of a business.

2A. Name of business \_\_\_\_\_

2B. Federal Employer Identification Number (FEIN) \_\_\_\_\_

.....  
Pursuant to § 31-286b, "a property owner or sole proprietor [who] intends to act as a general contractor or principal employer" may provide either a certificate of workers' compensation insurance or a "sworn notarized affidavit... stating that he will require proof of workers' compensation insurance for all those employed on the job site in accordance with this chapter."

**Please check one:**

1.  I do not intend to act as a general contractor or principal employer.  
[Sign and stop here]

\_\_\_\_\_  
Signature of applicant

2.  I intend to act as a general contractor or principal employer. Applicant must either provide a certificate of workers' compensation insurance or sign the affidavit below.

.....  
**Affidavit**

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he/she engages in work on the above property in accordance with the Workers' Compensation Act (Chapter 568).

I understand that pursuant to § 31-275 C.G.S., officers of a corporation and partners in a partnership may elect to be excluded from coverage by filing a waiver with the appropriate District Office; and that a sole proprietor of a business is not required to have coverage unless he files his intent to accept coverage.

\_\_\_\_\_  
Signature of applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
(Notary Public/ Commissioner of the Superior Court)

## **TO CONTRACTORS:**

**CT General Statutes (Effective January 1, 2005):**

**§20-338b Building Permit Applications. Who may sign.**

Any licensed contractor who seeks to obtain a permit from a building official may sign the building permit application personally or delegate the signing of the building permit application to an employee, subcontractor or other agent of the licensed contractor, provided, the licensed contractor's employee, subcontractor or other agent submits to the building official a dated letter on the licensed contractor's letterhead, signed by the licensed contractor, stating that the bearer of the letter is authorized to sign the building permit application as the agent of the licensed contractor. The letter shall not be a copy or facsimile, but shall be an original letter bearing the original signature of the licensed contractor. The letter shall also include:

1. The name of the municipality where the work is to be performed;
2. The job name or description of the job;
3. The starting date of the job;
4. The name of the licensed contractor;
5. The name of the licensed contractor's agent; and
6. The license numbers of all contractors to be involved in the work.

**TOWN OF BROOKFIELD**

**LIMITATION OF APPEALS ON CERTIFICATES OF ZONING COMPLIANCE**

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1. **Procedure:**

The following procedure is in accordance with changes to §8-3 of the CT General Statutes effective 10/1/03:

Should an applicant wish to *limit the time period of any appeal* by any aggrieved party to the granting of a Certificate of Zoning Compliance to thirty (30) days from the date of a legal notice of the granting of such a certificate, the applicant may elect, at his discretion and expense, to provide legal notice in a newspaper with substantial circulation in the municipality.

If such notice is **not** provided, an appeal could be filed by any aggrieved part at any time subsequent to the issuance of the certificate.

**SAMPLE LEGAL NOTICE**

<p style="text-align: center;"><b>LEGAL NOTICE</b></p> <p>A Certificate of Zoning Compliance has been issued to me by the Town of Brookfield for land and buildings located at _____ <i>(street address)</i></p> <p>to be used for the following purpose(s): _____ <i>(state the "permitted use" and brief description of activity)</i></p> <p>Any party aggrieved by this action may file an appeal with the Brookfield Zoning Board of Appeals pursuant to §8-7 of the CT. General Statutes.</p> <p>Signed: _____, Certificate Holder.</p>
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2. **Applicant's Intent:**

- I do **NOT** intend to provide a legal notice
- I do intend to provide legal notice and will provide a copy of such notice to the Brookfield Land Use Office for filing within the application file.

\_\_\_\_\_  
*(applicant's signature)*

\_\_\_\_\_  
*(date)*

**BROOKFIELD WATER POLLUTION CONTROL AUTHORITY**

100 Pocono Road, Brookfield, CT 06804 (203) 775-7319 Fax (203) 775-2614  
Website: www.brookfieldwpca.com Email: office@brookfieldwpca.com

[ ] NEW CONSTRUCTION [ ] TENANT FIT-UP/CHANGE OF USE [ ] ADDITION/RENOVATION

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ UNIT # \_\_\_\_\_

IS PROPERTY CONNECTED TO SEWER?

- [ ] YES
- [ ] NO (NO ACTION REQUIRED)
- [ ] UNSURE (CHECK WITH W.P.C.A. OFFICE)

TYPE OF OPERATION:

- [ ] FOOD PREPARATION/RESTAURANT
- [ ] FOOD SALES/GROCERY
- [ ] PERSONAL CARE (HAIR/NAIL CARE)
- [ ] VEHICLE REPAIR
- [ ] SCHOOL/DAYCARE
- [ ] OTHER (PLEASE LIST) \_\_\_\_\_
- [ ] DOG GROOMING
- [ ] HAZARDOUS CHEMICALS
- [ ] MANUFACTURING
- [ ] GYM/CLUB

ESTIMATED WATER USE PER DAY IN GALLONS \_\_\_\_\_

# OF EMPLOYEES, FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

# OF MEMBERS/STUDENTS/CLIENTS (GYM/CLUB/SCHOOL/DAYCARE) \_\_\_\_\_

# OF PEDICURE CHAIRS \_\_\_\_\_ # OF SINKS (HAIR SALON/DOG GROOMING) \_\_\_\_\_

HOURS OF OPERATION \_\_\_\_\_ TO \_\_\_\_\_ # OF DAYS PER WEEK \_\_\_\_\_

PREVIOUS TENANT OR BUSINESS \_\_\_\_\_

PRINTED NAME OF PROPERTY OWNER \_\_\_\_\_

PROPERTY OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CONTACT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

W.P.C.A. SIGN OFF: [ ] APPROVED [ ] DENIED [ ] OTHER

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

W.P.C.A. SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Contacted by: \_\_\_\_\_ Date: \_\_\_\_\_ via: \_\_\_\_\_  
Contacted by: \_\_\_\_\_ Date: \_\_\_\_\_ via: \_\_\_\_\_  
Contacted by: \_\_\_\_\_ Date: \_\_\_\_\_ via: \_\_\_\_\_

Effective 3/15/06

## §242-301C

Add as follows:

### Digital Map Submission

Prior to issuance of a final Certificate of Zoning Compliance, any "as-built" survey must be submitted in both paper & electronic format for all buildings constructed pursuant to a Design Review, Design Review Approval Modification involving building footprint changes, lot line changes, residential new construction or alterations with footprint changes within 10% of the minimum setbacks, and any activity permitted as a result of a variance granted by the Zoning Board of Appeals. The electronic format shall be for purposes of updating the Town's Geographic Information System (GIS) and shall meet the following criteria:

1. Drawings shall be on a compact disk (CD).
2. Electronics shall be in a format as prescribed by Town's GIS coordinator.

A certification letter stating that the electronic drawing is a copy of the survey map that was presented to the Zoning Enforcement Officer shall accompany electronic drawings. A land surveyor licensed by the State of Connecticut shall certify the letter.

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