

HOT TUB

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.

Hot Tub Document Checklist

- Tax Collector Sign-off
- Completed Pool/Hot Tub Application Zoning Approval Request
- Re-inspection fee acknowledgement
- Workers' Compensation affidavit
- Swimming Pool Agreement to Install and Maintain Safety Requirements for pools
- Letter of Authorization from property owner
- Limitation of Appeals on Certificates of Zoning Compliance Form
- Water Pollution Control Authority Review Sheet
- Contractor's license and proof of insurance
- Fees (includes Certificate of Zoning Compliance fee, Health Plan review fee, Building Permit fees, Certificate of Occupancy fee)
- 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
- 2 copies of Site Plan with building setbacks and location of well and septic system clearly marked to scale.
- 2 Sets of Building Plans
- B-100 compliance for septic system

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 203-775-2538			
3. Candlewood Shores 203-775-1172			
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 203-775-2538			
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			
---	--	--	--



TOWN OF BROOKFIELD

Activity # _____

Pool/Hot Tub Application
Zoning Approval Request

APPLICATION DATE: _____

PROPERTY I.D. # _____

APPLICANT/AGENT:

LANDOWNER OF RECORD:

Name: _____
Address: _____

Name: _____
Address: _____

Contact Name: _____

Contact Name: _____

Phone #: _____

Phone #: _____

Check all that apply: Pool () Tub ()
Above Ground: () In-Ground: () With Deck () Without Deck ()
New Construction: () Repair: () Alteration ()

DIMENSIONS

Table with 10 columns: Length, Width, Height, Depth shallow, Depth deep, Fence type, Fence hgt., Fence to pool, \$ Value

SITE DATA:

Street Address: _____ Zoning District: _____

Subdivision Name: _____ Subdivision Lot: _____

Conservation Subdivision: YES [] NO [] Has a variance been granted on property? YES [] NO []

Acres: _____ Lot Size: (Multiply acres by 43,560 sq. ft) = Square Feet: _____

Coverage:

INSTRUCTIONS

- 1. Enter FIRST FLOOR square footage from either: i) Building Plans ii) Assessor's Field Cards
2. Enter square footage for proposed pool or tub
3. Add total square footage
4. Divide Total Square Footage by Lot Size in square feet to calculate Total Lot Coverage

Total Lot Coverage: [] 5. Enter all footage distances from a structure to property lines and center of road.

6. Mark setbacks on site plan

Setbacks from:

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

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.

Signature: _____ Signature: _____

I certify that I am the designated agent for this project; Property Owner

Contractor Name: _____ License #: _____ Phone #: _____

Electrician Name: _____ License #: _____ Phone #: _____

Plumber Name: _____ License #: _____ Phone #: _____

INSTRUCTIONS FOR ZONING AND WETLANDS APPROVAL 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 Planning Commission's Subdivision Map
"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 for
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.

Pre-existing 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."

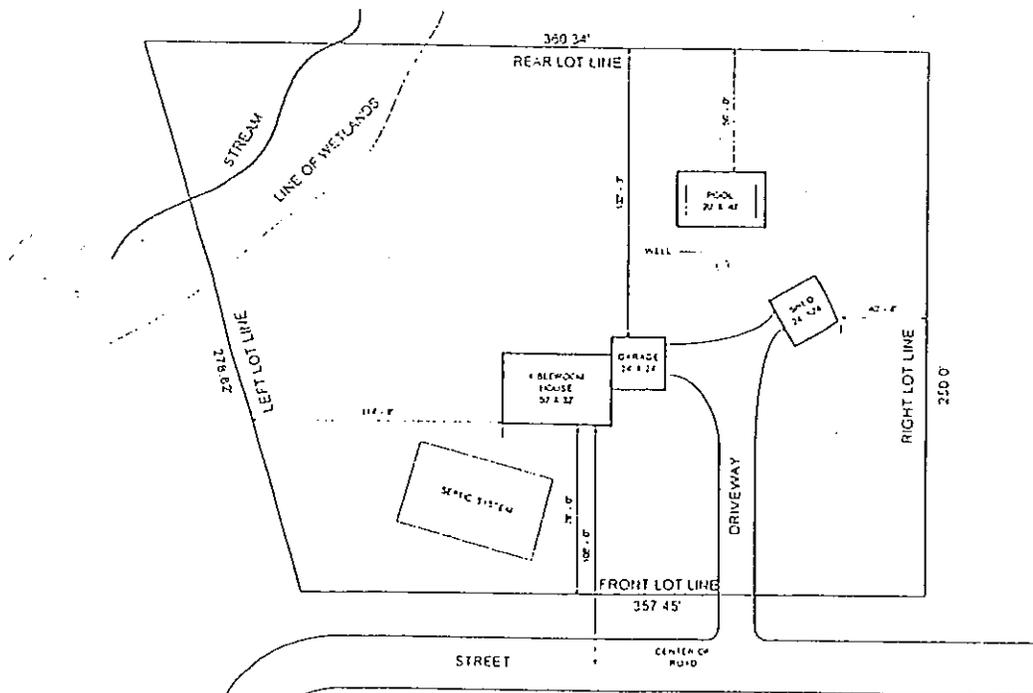
Additions, Sheds, and Pools:

- 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
 A copy of the Manufacturer's Installation Guidelines must be submitted.

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

Applicant's signature _____ Date: _____

SAMPLE PLOT PLAN



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

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

Date: _____

To: Building Department
Town of Brookfield
100 Pocono Road
Brookfield, CT 06804

From: _____
Permit Applicant's Name

RE: _____ (Project Address)

This is to certify that the provisions of

____ Chapters 34 through 42 of the 2009 International Residential Code

or the

____ 2011 NFPA 70 National Electric Code

of the 2005 CT State Building Code shall be followed for the general scope of the electrical system and equipment requirements for the proposed work of this one or two-family dwellings, swimming pool and structures.

Permit Applicant's Signature

SWIMMING POOL AGREEMENT
TO INSTALL AND MAINTAIN SAFETY REQUIREMENTS

OWNER OF POOL: _____

LOCATION OF POOL: _____

TYPE OF POOL: ABOVE-GROUND _____ IN-GROUND _____

HOT TUB _____ SPA _____

POOL TO BE CONSTRUCTED BY _____

As the owner of the above mentioned property I agree to comply with the 2005 Connecticut Building Codes for swimming pool safety devices as follows but not limited to:

- 2009 International Residential Code (IRC), Chapter 42 & Appendix G
- The 2011 National Electrical Code
- PA 99-140 Pool Water Alarm

DATE _____

OWNER'S SIGNATURE _____

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)

HEALTH DEPARTMENT REQUIREMENTS

In accordance with the section 19-13-B100a of the Connecticut Public Health Code, Health Department approval is required for all Building Conversions/changes in use, Building Additions, Garages/Accessory Structures and Swimming Pools.

In order to help expedite the Health Department approval, please read the enclosed regulations and include the necessary information with your Building application.

If you have any questions, please contact the Health Department at 775-7315.

Thank you.

Building Conversions, Changes In Use, Additions

19-13-B100a. Building conversions/changes in use, building additions, garages/accessory structures, swimming pools, sewage disposal area preservation

(a) Definitions. As used in this section:

- (1) "Accessory structure" means a permanent non-habitable structure which is not served by a water supply and is used incidental to residential or non-residential buildings. Accessory structures include, but are not limited to, detached garages, open decks, tool and lawn equipment storage sheds, gazebos, and barns.
- (2) "Building conversion" means the act of winterizing a seasonal use building into year round use by providing one or more of the following:
 - (A) a positive heating supply to the converted area; or,
 - (B) a potable water supply which is protected from freezing; or,
 - (C) energy conservation in the form of insulation to protect from heat loss.
- (3) "Change in use" means any structural, mechanical or physical change to a building which allows the occupancy to increase; or the activities within the building to expand or alter such that, when the building is fully utilized, the design flow or required effective leaching area will increase.
- (4) "Code-complying area" means an area on a property where a subsurface sewage disposal system can be installed which meets all requirements of Section 19-13-B103 of the Regulations of Connecticut State Agencies, and the Technical Standards except for the one hundred percent reserve leaching area referred to in Section VIII A of the Technical Standards.
- (5) "Design flow" means the anticipated daily discharge from a building as determined in accordance with Sections IV and VIII F of the Technical Standards.
- (6) "Potential repair area" means an area on a property which could be utilized to repair or replace an existing or failed septic system and includes areas on the property where exceptions to Section 19-13-B103 of the Regulations of Connecticut State Agencies could be granted by the local director of health or the Commissioner of Public Health but does not include areas beyond those necessary for a system repair and areas of exposed ledgerrock.
- (7) "Technical Standards" means those standards established by the Commissioner of Public Health in the most recent revision of the publication entitled "Technical Standards for Subsurface Sewage Disposal Systems" prepared pursuant to Section 19-13-B103d(d) of the Regulations of Connecticut State Agencies. These standards can be obtained from the Department of Public Health, 410 Capitol Avenue, MS #51SEW, P.O. Box 340308, Hartford, CT. 06134-0308, or by calling (860) 509-7296.

(b) Building conversion, change in use. If public sewers are not available, no building or part thereof shall be altered so as to enable its continuous occupancy by performing any building conversion, nor shall there be a change in use unless the local director of health has determined that after the conversion or change in use, a code-complying area exists on the lot for installation of a subsurface sewage disposal system. The determination by the local director of health of whether a code-complying area exists on the property shall be based upon analysis of existing soil data. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. The local director of health may require expansion of the existing sewage disposal system or installation of a new sewage disposal system at the time of the change in use for those properties whenever the proposed change in use results in a more than 50% increase in the design flow.

Current with materials published in Connecticut Law Journal through 11/06/2007

19-13-B100a. Building conversions/changes in use, building additions, garages/accessory structures, swimming pools, sewage disposal area preservation

- (c) Building additions. If public sewers are not available, no addition to any building shall be permitted unless the local director of health has determined that after the building addition a code-complying area exists on the lot for the installation of a subsurface sewage disposal system. Once a code-complying area is identified, portions of the property outside this designated area may be utilized for further development of the property. This determination by the local director of health shall be based upon analysis of existing soil data to determine if a code-complying area exists. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. If the applicant submits soil test data, design plans or a sketch and is unable to demonstrate a code-complying area, the building addition shall be permitted, provided:
- (1) The size of the replacement system shown on design plans or sketch provides a minimum of 50% of the required effective leaching area per the Technical Standards,
 - (2) The replacement system shown on the plans or sketch provides a minimum of 50% of the required Minimum Leaching System Spread (MLSS) per the Technical Standards,
 - (3) The proposed design does not require an exception to Section 19-13-B103d(a)(3) of the Regulations of Connecticut State Agencies, regarding separation distances to wells,
 - (4) The addition does not reduce the potential repair area, and
 - (5) The building addition does not increase the design flow of the building. The local director of health may require expansion of the existing sewage disposal system or installation of a new sewage disposal system at the time of building addition whenever the proposed addition results in a more than 50% increase in the design flow. The separation distance from an addition to any part of the existing sewage disposal system shall comply with Table 1 in Section II of the Technical Standards.
- (d) Attached or detached garages, accessory structures, below or above ground pools. If public sewers are not available, no attached garage, detached garage, accessory structure, below or above ground pool shall be permitted unless the local director of health has determined that after construction of the attached garage, detached garage, accessory structure, below or above ground pool, a code-complying area exists on the lot for installation of a subsurface sewage disposal system. This determination by the local director of health shall be based upon analysis of existing soil data. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. If the applicant submits soil test data, design plans or a sketch and is unable to demonstrate a code-complying area, the attached or detached garage, below or above ground pool, or accessory structure shall be permitted, provided the structure does not reduce the potential repair area. The separation distance from the attached or detached garage, below or above ground pool, or accessory structure to any part of the existing sewage disposal system shall comply with Table 1 in Section II of the Technical Standards.
- (e) Sewage disposal area preservation. If public sewers are not available, no lot line shall be relocated or any other activity performed that affects soil characteristics or hydraulic conditions so as to reduce the potential repair area, unless the local director of health has determined that after the lot line relocation or disturbance of soils on the lot a code-complying area exists for the installation of a subsurface sewage disposal system. This determination by the local director of health shall be based upon analysis of existing soil data. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to

Current with materials published in Connecticut Law Journal through 11/06/2007

19-13-B100a. Building conversions/changes in use, building additions, garages/accessory structures, swimming pools, sewage disposal area preservation

demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. In no case shall a relocated lot line violate Subsection (d) of Section 19-13-B103(d) of the Regulations of Connecticut State Agencies that requires that each subsurface sewage disposal system shall be located on the same lot as the building served.

- (f) Decision by Director of Health. Any final decision of the local director of health made in regard to this section shall be made in writing and sent to the applicant. Any decision adverse to the applicant or which limits the application shall set forth the facts and conclusions upon which the decision is based. Such written decision shall be deemed equivalent to an order, and may be appealed pursuant to Section 19a-229 of the Connecticut General Statutes.
(Effective August 3, 1998.)

Effective 3/15/06

§242-301C

Add as follows:

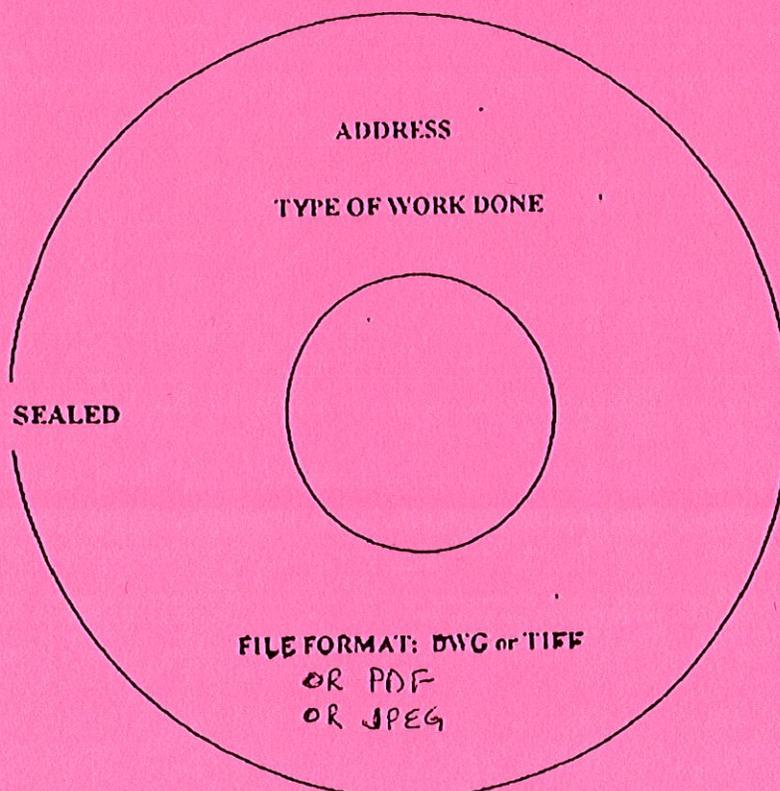
Digital Map Submission

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.

ie:



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 | [] DOG GROOMING |
| [] FOOD SALES/GROCERY | [] HAZARDOUS CHEMICALS |
| [] PERSONAL CARE (HAIR/NAIL CARE) | [] MANUFACTURING |
| [] VEHICLE REPAIR | [] GYM/CLUB |
| [] SCHOOL/DAYCARE | |
| [] OTHER (PLEASE LIST) _____ | |

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: _____

