

**RESIDENTIAL
INTERIOR ALTERATIONS
(INCLUDING FINISHED BASEMENT)**

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.

Residential Interior Alterations Document Checklist

- Tax Collector Sign-off
- Reinspection fee acknowledgement signed and dated
- Letter of Authorization from property owner signed and dated
- Worker's Compensation affidavit signed, dated (and notarized if applicable)
- Combustion calculation sheet (New Homes, Finished Basements, Water Heater Replacements, Boilers, Furnaces)
- Completed Building Application
- 2 Sets of Building Plans with Architect or Engineer's stamp (if applicable)
- Contractor's license and proof of insurance
- Res Check (if applicable)
- Fees (includes Health Plan review fee, Building Permit fees, Certificate of Occupancy or Approval fee, Building State fee). A schedule of building fees is available separately.

For Electrical Work:

- Electrical Code Selection Sheet signed and dated.

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
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

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)

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

Address: _____ Permit No. _____

**Town of Brookfield Building Department
Calculations for Combustion Air**

This form must be filled out for all of the following Permits:

1. All new homes
2. All finished basements
3. All boiler, furnace, and water heater replacements

What is the total combined gross btu ratings of all appliances located in the boiler room or rooms?

What is the volume of this room? (length x width x height) _____

Does the volume equal more than 50 cu. ft. for each 1,000 btu's of combined appliance ratings?

If it does, combustion air is not required.

If it is less than 50 cubic feet for each 1,000 btu's of combining rating, combustion air is required.

How will compliance with combustion air be achieved? Check one below.

- a.) interior air _____
for interior air, what is the volume of the room the air is being taken from _____
- b.) air directly from the exterior of the building thru screened openings _____
- c.) air directly from the outside thru horizontal ducts _____

What is the calculated size of each opening? _____

Where will each opening be located? _____

Copies of your calculations must be submitted to the Building Official

I attest that I have done the above required calculations based on Chapter 17 of the 2003 IRC Mechanical Code or Chapter 7 of the 2003 IMC

Signed _____

Printed Name _____

Company _____

What is the total gross btu ratings for all fuel burning appliances?

Example:	2 furnaces at 100,000 btu's =	200,000 btu's
	1 water heater at 85,000 btu's =	85,000 btu's
Total		285,000 btu's

How many cubic feet are contained in the room that the appliances are located?

Example:

The room is 40 feet long by 28 feet wide by 7 foot 6 inches high.
This equals 8,400 cubic feet.

The code requires a room to be 50 cubic feet for each 1,000 btu's of appliances.
So, in the above illustration, we have 285,000 btu's, so we would need 50×285 or 14,250 cubic feet.
So, for the above example, the room the boiler is in would be defined as a confined space, so we would need to introduce Combustion air.

Where we get the air for combustion will determine what size openings are required.

If we are getting the air from an interior space we will need 1 square inch for each 1,000 btu's of combined rating. For the above example, we will need each opening to be 285 square inches. One opening within 12 inches of the ceiling and one opening within 12 inches of the floor.

If we are getting air directly from the outside through louvers, we will need 1 square inch for each 4000 btu's. This will require 72 square inches but the code has set 100 square inches as the minimum size opening for combustion air. So, we will require 2 openings 100 square inches each located as above.

If we are getting air from the outside through horizontal ducts, we will require 1 square inch for each 2000 btu's. So, for the above example, we will require 2 openings, each opening to be 285 divided by 2 = 143 square inches located as above.

Remember, if an interior source is being used, the space we are getting the air from must meet the 50 cubic feet for each 1000 btu's rule also. The size of the boiler room can be combined with the size of the room that the air is being taken from to achieve this volume. All calculations must be approved by the Building Official.

Section 710

Opening obstructions

Metal louvers free air is 75%.

Wooden louvers free air is 25%.

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

TAX COLLECTOR

Approved _____ Denied _____

Date _____

APPLICANT INSTRUCTIONS: For all applications, complete Parts 1, 2, 3, 4 and 5 of this form. If electrical work, complete also Part 6. If plumbing work, complete also Part 7. If mechanical work, complete also Part 8. For other permits, complete also Part 9. Site Plan (Part 10) is to be shown on Page 4 or attached hereto. Parts 11-18 (Pages 5 and 6) are for department use only.

App. Date ____/____/____	Type Permit <input type="checkbox"/> Building (B)	<input type="checkbox"/> Electrical (E)	<input type="checkbox"/> Plumbing (P)		Is Owner Applicant (Y/N)
	<input type="checkbox"/> Mechanical (M)	<input type="checkbox"/> Other (O) (See item 9)			

1. PROPERTY INFORMATION

Street Address		Apt.	Zip	Parcel Number	Zoning
Subdivision	Lot Number	Parcel Type	<input type="checkbox"/> Residential (R) <input type="checkbox"/> Industrial (I) <input type="checkbox"/> Commercial (C) <input type="checkbox"/> Other (O)		

2. OWNER INFORMATION

First Name	Last name or Business Name	Phone
Street Address		City State Zip

3. CONTRACTORS INFORMATION

	NAME OF CONTRACTOR <small>LAST NAME, FIRST NAME</small>	ST. ADDRESS	CITY, ST.	LICENSE NO.
Applicant (not owner)				
Architect / Engineer				
General Contractor				
Excavation				
Concrete				
Carpentry				
Electrical				
Plumbing				
Sewer				
Mechanical				
Roofing				
Masonry				
Drywall or Lathing				
Sprinkler				
Paving				
Fire Alarm				

4. CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the code official or the code official's authorized representative shall have the authority to enter areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT _____ ADDRESS _____ PHONE NO. _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE NO. _____

No. 5
Street

5. BUILDING PERMIT APPLICATION

For Dept. Use Only	Request Plan No. Assignment (Y/N)	PROPOSED USE:	
Plan Number		ASSEMBLY <input type="checkbox"/> THEATRE (1) <input type="checkbox"/> NIGHT CLUB (2) <input type="checkbox"/> RESTAURANT (3) <input type="checkbox"/> CHURCH (4) <input type="checkbox"/> OTHER ASSEMBLY (5) <input type="checkbox"/> BUSINESS (6) EDUCATIONAL <input type="checkbox"/> (GRADES 1-12) (7) <input type="checkbox"/> DAY CARE FACILITY (8) FACTORY <input type="checkbox"/> MODERATE HAZARD (9) <input type="checkbox"/> LOW HAZARD (10) <input type="checkbox"/> HIGH HAZARD (11)	INSTITUTIONAL <input type="checkbox"/> GROUP HOME (12) <input type="checkbox"/> HOSPITAL (13) <input type="checkbox"/> JAIL (14) <input type="checkbox"/> MERCANTILE (15) RESIDENTIAL <input type="checkbox"/> HOTEL, MOTEL (16) <input type="checkbox"/> MULTI-FAMILY (17) <input type="checkbox"/> BOCA TWO FAMILY (18) <input type="checkbox"/> CABO TWO FAMILY (19) <input type="checkbox"/> BOCA SINGLE FAMILY (20) <input type="checkbox"/> CABO SINGLE FAMILY (21) STORAGE <input type="checkbox"/> MODERATE HAZARD (22) <input type="checkbox"/> LOW HAZARD (23)
IMPROVEMENT TYPE: <input type="checkbox"/> NEW CONSTRUCTION (1) <input type="checkbox"/> ADDITION (2) <input type="checkbox"/> ALTERATION (3) <input type="checkbox"/> REPAIR / REPLACEMENT (4) <input type="checkbox"/> DEMOLITION (5) <input type="checkbox"/> RELOCATION (6) <input type="checkbox"/> FOUNDATION ONLY (7) <input type="checkbox"/> CHANGE OF USE ONLY (8)		<input type="checkbox"/> OTHER (24) PARKING GARAGE CARPORT MOTOR FUEL SERV. REPAIR GARAGE PUBLIC UTILITY HPM _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	

Structural (check that applicable) Frame <input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)	Exterior (Check those applicable) Walls <input type="checkbox"/> Steel (1) <input type="checkbox"/> Concrete (3) <input type="checkbox"/> Other (5), Identify: _____ <input type="checkbox"/> Masonry (2) <input type="checkbox"/> Wood (4)
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Are any structural assemblies fabricated off-site? Yes No

Street Frontage (Feet)	Stories (Number)	Lot Area (Sq. feet)
Front Setback (Feet)	Bed Rooms (Number)	Building Area (Sq. feet)
Rear Setback (Feet)	Full Baths (Number)	Parking Area (Sq. feet)
Left Setback (Feet)	Partial Baths (Number)	Living Area (Sq. feet)
Right Setback (Feet)	Garages (Number)	Basement Area (Sq. feet)
Height Above Grade (Feet)	Windows (Number)	Garage Area (Sq. feet)
New Residential Units (Number)	Fireplaces (Number)	Office/Sales (Sq. feet)
Existing Residential Units (Number)	Enclosed Parking (Number)	Service (Sq. feet)
Elevators / Escalator (Number)	Outside Parking (Number)	Manufacturing (Sq. feet)
Est. Start ____/____/____	Est. Finish ____/____/____	Building Est. Value \$

6. ELECTRICAL PERMIT APPLICATION

Total Service _____ AMPS	Number of Circuits: 2 WIRE _____ 3 WIRE _____ 4 WIRE _____	Electrical Work <input type="checkbox"/> Yes <input type="checkbox"/> No
		Number of Service Outlets: 110V _____ 220V _____
POWER DEVICES	No. OUTPUT/LOAD	POWER DEVICES
1	7	No. OUTPUT/LOAD
2	8	
3	9	
	10	
Utility Service Revisions:		Total Number of Motors
Est. Start ____/____/____		Est. Finish ____/____/____
		Electrical Work Est. Value \$

7. PLUMBING PERMIT APPLICATION

Plumbing Work Yes No

Enter the Number of Fixtures Being Installed, Replaced or Repaired

Tubs/Showers		Drinking Fountains		Back Flow Preventers	
Shower Stalls		Floor Drains		Water Pumps	
Lavatories		Water Heaters		Roof Openings	
Toilets		Water Softeners		Parking Lot Drains	
Urinals		Sewage Ejectors		Inside Downspouts	
Sinks		Sump Pumps		Swimming Pools	
Laundry Tubs		Grease Traps		Standpipes (Y/N) (Number Hose Outlets)	
Dishwashers		Bidets		Fire Sprinklers (Y/N) (Number of Heads)	
Garbage Disposals				Lawn Sprinklers (Y/N) (Number of Heads)	
				Total Fixtures	
Public Water (Y/N)		Public Sewer (Y/N)			
Water Service Size _____ IN.		Water Meter Size _____ IN.		Avg. Daily Water Use _____ GPD	
Utility Service Revisions:					
Est. Start _____/_____/_____		Est. Finish _____/_____/_____		Plumbing Work Est. Value \$	

8. MECHANICAL PERMIT APPLICATION

Mechanical Work Yes No

Enter Number of New or Replacement Units

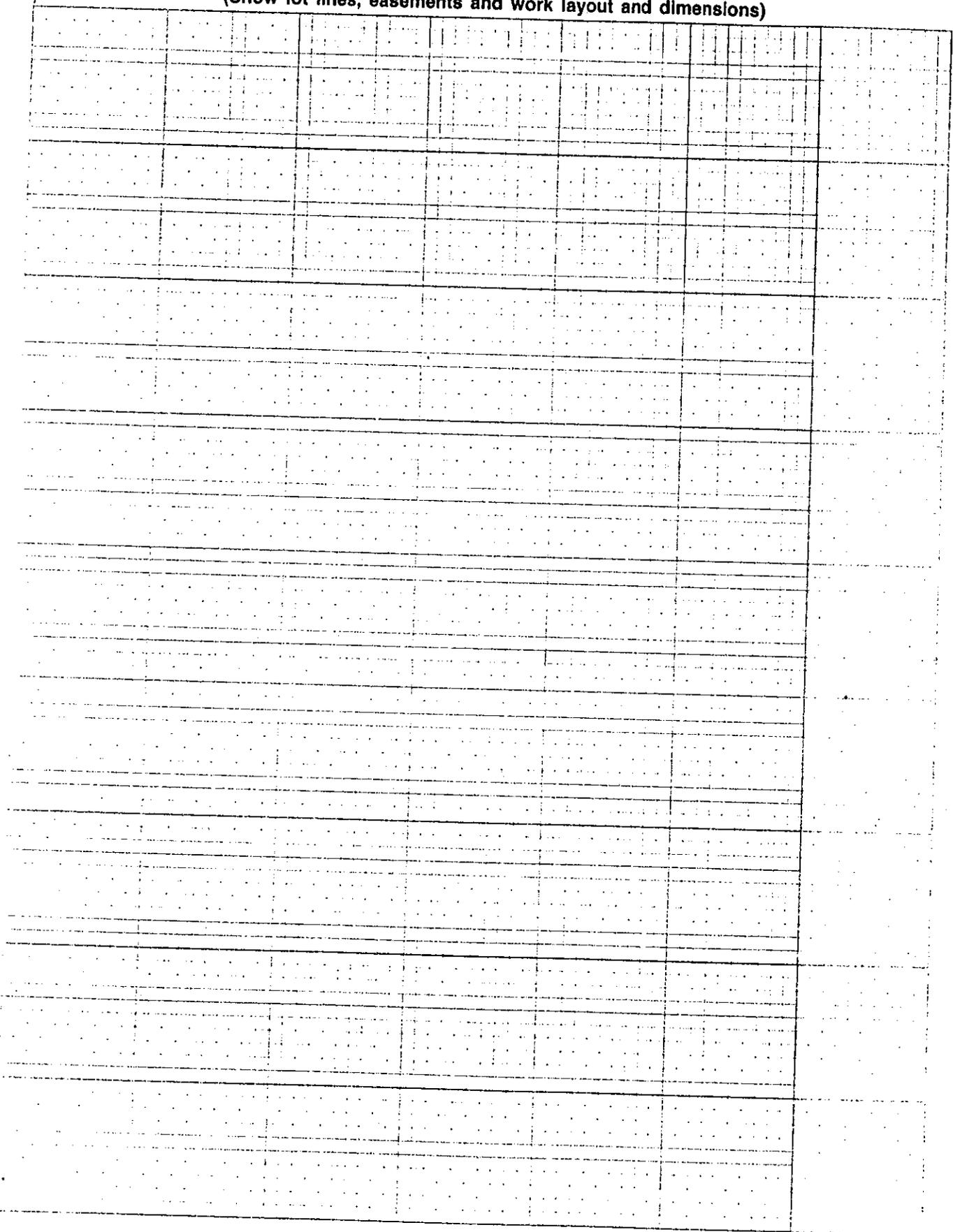
Forced Air Furnace		Incinerator		Air Handling Unit	
Unit Heater		Boiler		Heat Pump	
Gas/Oil Conversion		Coil Unit		Air Cleaner	
Space Heater		Window A/C Unit		Kitchen Exhaust Hood	
Gravity Furnace		Split System A/C		Hazardous Exhaust System	
Solid Fuel Appliance		A/C Compressor		Electric Furnace	
Utility Service Revisions:					
Type of Heating Fuel: (Check One) <input type="checkbox"/> Gas (1) <input type="checkbox"/> Oil (2) <input type="checkbox"/> Electric (3) <input type="checkbox"/> Coal (4) <input type="checkbox"/> Wood (5) <input type="checkbox"/> Other (6)					
Est. Start _____/_____/_____		Est. Finish _____/_____/_____		Mechanical Work Est. Value \$	

9. OTHER REQUIRED PERMIT APPLICATION(S)

Permit Type:		
Description of Work:		
Est. Start _____/_____/_____	Est. Finish _____/_____/_____	Est. Value \$

10. SITE PLAN

(Show lot lines, easements and work layout and dimensions)



SCALE = 1 Inch = _____ FEET

11. DATA ENTRY

Application Received: / /
 By: _____
 Application Reviewed: / /
 By: _____
 Data Entry: / /
 By: _____

12. FLOODPLAIN EVALUATION

FLOOD MAP NUMBER & DATE _____ LOWEST FLOOR ELEVATION _____
 FLOOD ZONE _____ BASE FLOOD ELEVATION _____

13. ZONING PLAN EVALUATION

ZONING DISTRICT _____ MAP NUMBER _____
 LOT AREA (From Page 2) _____ LOT COVERAGE (%) _____
 LOT AREA PER ROOM _____ ENCROACHMENTS _____
 OFF STREET PARKING SPACES, REQUIRED _____ PROVIDED _____
 LOADING SPACE _____
 SIGNS; NUMBER _____ SIZE OF EACH SIGN _____

PLANNING COMMISSION APPROVAL REQUIRED _____
 BOARD OF ZONING APPEALS APPROVAL REQUIRED _____

14. PLAN REVIEW RECORD

Plans Review Required	Check	Plan Review Fee	Date Plans Started	By	Date Plans Approved	By	Notes
BUILDING		\$					
PLUMBING		\$					
MECHANICAL		\$					
ELECTRICAL		\$					
		\$					
TOTAL		\$	TO BE ENTERED ON PART 18				

15. ADDITIONAL PERMITS REQUIRED

Permit or Approval	Check	Date Obtained	Number	By	Permit or Approval	Check	Date Obtained	Number	By
BOILER					PLUMBING				
CURB OR SIDEWALK CUT					ROOFING				
ELEVATOR					SEWER				
ELECTRICAL					SIGN OR BILLBOARD				
FURNACE					STREET GRADES				
GRADING					USE OF PUBLIC AREAS				
OIL BURNER					DEMOLITION				

16. PROJECT DOCUMENTS (DRAWINGS & CALCULATIONS)

TYPE DRAWINGS/REPORT	SUBMITTED	SIGNED AND SEALED	DATE	REVISION DATE
Site Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Soil Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Architectural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mechanical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Electrical Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Connect. Drwngs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Structural Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Inspection Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Drawings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sprinkler Calculations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

17. OTHER DEPARTMENT APPROVALS

Signature	Date	Signature	Date
Fire		Health and Sanitation	
Public Works		Water	
Zoning Planning		Architectural Review	
Environmental Management			

18. VALIDATION

Building Permit	Date	Number	Permit/Insp. Fee
Electrical Permit	Date	Number	Permit/Insp. Fee
Plumbing Permit	Date	Number	Permit/Insp. Fee
Mechanical Permit	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
	Date	Number	Permit/Insp. Fee
Plan Review Fee (From Part 14)			
Certificate of Occupancy Fee			
Other Fee			
TOTAL FEES			

Prepared By: _____ Date: _____

Approved By: _____ Title: _____

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: _____

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

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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.)