CITY OF STAMFORD
BUILDING DEPARTMENT

888 Washington Blvd.
Stamford, CT. 06901, Ground Floor
P: 203-977-5700
F: 203-977-4163

Building Permit Info Sheet

IMPORTANT

"PLEASE READ"

To better serve you and avoid delays, it is important that you are prepared with proper documents when applying for Permits.

PLEASE HAVE WITH YOU THE FOLLOWING:

1) A SIGN-OFF SHEET with signatures at lines marked with an (X) or check mark ( ).

2) TWO sets of PLANS drawn to ~ inch scale "for the Building Department" and, if applicable the Health Department and Fire Department will require one (1) set each.

a) Floor Plan b) Elevation c) Cross Section

3) PINK APPLICATION sign by the Owner and/or Applicant (if applicant is authorized by the owner to act on his/her behalf) - if so, the back of the Application should be signed and notarized. (If owner is not a "Contractor" a copy of their license is required).

4) WORKMEN'S COMPENSATION CERTIFICATE.

5) A CHECK for the amount of the permit fee i.e., Residential one and two family; twelve dollars ($12.00) per each one thousand or fraction thereof; Commercial and Residential 3-families or more, sixteen dollars ($16.00) per thousand or fraction thereof. Based on estimated cost, there will be an additional twenty six ($.26) cents per thousand. In no case shall the permit fee be less than fifty ($50.00) dollars. The minimum fee for ANY permit shall be $50.00 + $.26 tax ($50.26).

6) Section 123.5 of the Stamford code of ordinance form signed by owner WHEN ALL ABOVE DOCUMENTS are completed, please SIGN THE SHEET on the counter and you will be served in the order signed.

For further assistance, you could speak to a receptionist.

revised *1101 /2012*

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CITY OF STAMFORD
BUILDING INSPECTION BUREAU

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P: 203-977-5700
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Application For Building Permit

Note: All questions must be answered. If material does not apply, mark: "None"

The Undersigned hereby applies for permission to:

The same to be in all respects in accordance with the laws and building regulations of the State of Connecticut and City of Stamford, and as set forth in the accompanying drawings and specifications in so far as the same shall be found to conflict with the aforesaid State and City laws and building regulations.

Permit No. Grand List Card No. Lot No.

Est. Cost: Fee: Job Site Address

Contractor License No. Investigation Fee:

Applicant Address

Owner of Land Address

Owner of Building Address

Tenant Address

Architect Address

General Contractor Address

For Additional Information Call: Area Code

Building Code Requirement for One & Two Family Dwellings Only

New Bldg. ☐ Detached Structure ☐ Addition ☐ Alteration ☐ Hgt: Stones Ft.

Dimensions of Bldg.: Length: Width: Lbs. Sq. Ft.

Type of Construction: Floor Live Load: Total Sq. Ft.

Present or Former use: Proposed Use:

Sewer System Sanitary Sewer ◯ Septic System ◯ Water System Water Co ◯ Well ◯

Additional Information for Multi-Family and Commercial Only

New Bldg. ☐ Detached Structure ☐ Addition ☐ Alteration ☐ Reduce to Core ☐

Use Group: Separated: Non Separated Type of Construction

Special Stipulation & Conditions:

Sprinklers: Yes ◯ No ◯ Occupancy Load Floor live Load: Lbs/Sq.Ft.

Allowable Area Per Floor: Bldg. Area Per Floor(s):

Allowable Height: Stones: Feet Bldg. Height: Stones: Feet

If Application is for Tenant Space: Square Ft. Located on Floor

Threshold Bldg.: Number of Units

Handicap Accessibility: Number of Handicap Units:

The laws and building regulations of the State of Connecticut and City of Stamford shall at all times have precedence over drawings and specifications. Any contrary to said laws and regulations that may at any time appear id drawings and specifications, or in the as executed, shall be corrected without delay upon the receipt of due notice from Building Inspector. The granting of a permit for the proposed work shall not be assured or construed any right or permission to do anything contrary to the laws and regulations aforesaid, under any circumstances whatsoever.

Signature of owner

Address

Signature of Applicant

Address

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Department Approval for Building Permit

BP-20 _____ **SWO #: 20** _____

Owner's Name: _____ Address _____

Gen. Contractor: _____ Address _____

Architect _____ Address _____

Job Address: _____ Location _____

Permission to: _____

**1) ☐ Owner ☐ Applicant ☐ or Contractor ☐ is ☐ was ☐ a City of Stamford Employee ☐ or Official

2) No Building will be issued until the following signatures are obtained with reference to above mentioned project.

Lot #: _____ List # _____

Card # _____ Date _____

◯ Required ◯ N/A _____
Assessor's Office

◯ Required ◯ N/A _____
Tax Collector

◯ Required ◯ N/A _____
Construction Waste Recycling

◯ Required ◯ N/A _____
Zoning

◯ Required ◯ N/A _____
Coastal managenemt

◯ Required ◯ N/A _____
Envir. Prot.

◯ Required ◯ N/A _____
Flood Plain

◯ Required ◯ N/A _____
Fire Marshal

◯ Required ◯ N/A _____
Health Department

◯ Required ◯ N/A _____
Housing Code

◯ Required ◯ N/A _____
Housing Code

◯ Required ◯ N/A _____
Traffic Department

◯ Required ◯ N/A _____
Engineering Department

Is Street Opening Permit Required? ◯ Yes ◯ No

◯ Required ◯ N/A _____
D.O.T.

◯ Required ◯ N/A _____
W.P.C.A.

◯ Required ◯ N/A _____
Building Official

Upon securing the required signatures, return this document to the Division of Building Inspection, City of Stamford

Date _____

_____
Dir. of Operations

_____
Robert D. DeMarco
Cheif Building Official

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Investigation Fees prior to Certificate of Occupancy - Certificate of Approval

*Please Note: This form **MUST** be completed prior to any permit issued by the Bldg. Dept.*

Please be advised that your signature, as the owner requesting a Building,Electrical, Plumbing & HVAC permit will be required certifying your clear understanding of what would be required if final inspections have not been obtained prior to a Certificate of Occupancy or approval.

(NOTE) Effective October 1,2012 Public Act 12-184 has been adopted whenever any alteration or additions take place in a one or two family dwelling occupied during construction that a battery operated smoke alarm and a CO alarm if required be installed. Public Act 12-184 can be viewed @ http://www.cga.ct.gov

Section 123.5 of the Stamford code of ordinances are as follows;

(1) Certificate of Occupancy shall be required for all new construction, pools, decks or accessory structures before occupancy where the work has not been inspected or finalized in accordance with the Connecticut State Building Code. Alterations and renovations shall require a Certificate of Approval for all completed work that does not require a Certificate of Occupancy. Any person, owner or contractor who allows occupancy and has not obtained an approval before final inspections are made shall be subject to a fee of Two Hundred Dollars ($200.00).

(2) Whenever a Certificate of Occupancy is requested by an owner from the Building Department for construction, alterations or any activity requiring a permit, one year or more after final inspections have been performed (or partial Certificate of Occupancy have been issued), an additional fee of Two Hundred Dollars ($200.00) shall be paid by the owner before said certificate is issued.

(3) Whenever any Electrical, Plumbing or Mechanical permit is issued for any work, and such work has been completed but no Certificate of Approval has been obtained within one year of completion, the permittee shall pay a fee of Two Hundred Dollars ($200.00).

I _____ certify that on _____ at the address known as
(Print) Building Owner's Name — Date

Address _____ City _____ State _____ Zip _____

have read the above ordinance investigation fees that will be assessed if final inspections have not been obtained for Certificate of Occupancy, or Certificate of Approval.

_____
Signature of Building Owner

INSPECTION PROCEDURE:

- After a building permit has been issued a HV AC, Plumbing and Electrical permits must be obtained before work is performed.
- After rough work has been done in walls and ceiling rough inspections must be called in prior to framing inspections.
- After all rough inspections have been completed and signed off a framing inspection needs to be called in before closing walls and ceilings.
- After all rough inspections have been signed-off on the building card and work has been completed all final signatures have been obtained including all other required departments. The building card must be returned to the building department and a proper certificate will be issued.
- When an HV AC, Plumbing, Fire Protection, Roof and Siding permit has been issued without a building permit a final inspection must be obtained and a certificate of approval will be issued.

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WORKERS' COMPENSATION COVERAGE AFFIDAVIT

In accordance with Public Act 96-216, Section 4, effective June 4, 1996 and as Permittee on the project listed below I hereby choose the following option to verify compliance with the above stated Connecticut Workers' Compensation Laws (Select ONLY one):

PROJECT IDENTIFICATION:

Property Owner(s)

Street Address

APT/UNIT NO. Section of City State Zip Code

Description of Work

☐ HOMEOWNER:

I _____, the owner of the above described property will be acting as General Contractor on this project, and hereby swear and attest that I will require proof of Workers' Compensation Insurance from each and every subcontractor or other worker before he/she engages in work on my property for this project.

☐ SOLE PROPRIETOR:

I _____, the contractor working on the above referenced project claim exemption from Public Act 96-216 as a sole proprietor and do not intend to act as a general contractor or principal employer on this project. I understand that this means I am not engaging anyone to work under me on this project.

☐ CONTRACTOR:

I _____, intend to act as a general contractor on the above referenced project and hereby swear and attest that I will require proof of Workers' Compensation Insurance from all subcontractors and all other workers employed on this job site. I understand it is my responsibility to insure compliance with the CT Workers' Compensation Laws on this Project.

☐ CORPORATE OFFICER OR BUSINESS PARTNER:

I _____, claim exemption for myself from the CT Workers' Compensation Laws by obtaining a certificate of exemption from the Workers' Compensation Commission. I am submitting verification of same by the following:

☐ Certificate of Insurance (must be attached)

☐ Commission's exemption certificate (must be attached).

I understand this exempts only myself and I hereby swear and attest that I will require proof of Workers' Compensation Insurance from all subcontractors and all other workers employed on this project.

In accordance with Public ACR 96-216, Section 4, I hereby state that I fully understand that every person employed or engaged to perform services on this construction site (including sole proprietors, independent contractors, and both owners and employees of subcontracting companies), are required to have Workers' Compensation Insurance. I also understand that there are new significant penalties under the Workers' Compensation Laws for misrepresenting one's employer status.

_____ Date

Signed By

Subscribed and sworn to before me on this _____ day of _____, 20_____

_____

(Notary, Commissioner of the Superior Court, Justice of the Peace)

(1/5/2010)

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AFFIDAVIT

STATE OF CONNECTICUT)
) : Stamford this day of 20
COUNTY OF FAIRLIELD)

I, the undersigned, being duly sworn, hereby make this affidavit and say:

1. I am the agent of the Owner - Lease of the building or structure - Licensed Engineer - Architect - Employed in connection with the proposed work - all set forth in the Application for Building permit.

2. The proposed work is authorized by the owner in fee and the undersigned is authorized by the owner in fee to make the Application for Building Permit.

Personally Appeared: _____

who made oath to the truth of foregoing before me.

_____
Notary Public

My Commission expires: _____

(for Office Use Only)

Date _____

_____
Reviewed By

Print Form

Reset Form

Permit:	$	CO/COA FEE	
State Tax:	$	Investigation Fee	
Total:	$	◯ Check ◯ Cash	

BUILDING PERMITS

- 101. One - Family House, detached ☐
- 102. One - Family House, attached Bldg. Strings:_____ Units:_____ ☐
- 103. Two - Family House ☐
- 104. Three - Family House ☐
- 105. Multi - Family (five or more) No. of Bldgs.:_____ Units:_____ ☐
- 433. Added Units to Dwellings Existing:_____ Added:_____ ☐
- 434. Additions to Dwellings ☐
- 436. Garages (Residential) ☐
- 429. Pools ☐
- 328. Accessory Bldgs. ☐
  - Foundation ☐
  - Excavation ☐
  - Fence ☐
- 324. Business Bldg. Type:_____ ☐
- 318. Theatres ☐
- 320. Schools ☐
- 319. Church ☐
  - Elevator ☐
- 437. Add. To Com'l Bldg. ☐
- Alter. to Com'l Bldg. ☐
  - Other:_____ ☐
- Bedroom(s) Added:_____ ☐
- Bathroom(s) Added:_____ ☐

BP-20___ - _____

(For Office Use Only)

FEE: $ _____ DATE: _____

COST: $ _____

BUILDING PERMITS

For _____

Type of Const. _____ Use Group _____

Spec. Stipulation & Cond. _____

Location: _____

Name _____

Address _____

City _____ St. ____ Zip _____

Applicant _____

Expeditor _____

Address _____

City _____ St. ____ Zip _____

Architect _____

Contractor _____

Total Sq. Footage _____

Foundation Permit : _____

Code Official _____