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CITY OF STAMFORD
BUILDING INSPECTION BUREAU

888 Washington Blvd.
Stamford, CT. 06901, 7th Floor
P: 203-977-5700 F: 203-977-4163

APPLICATION FOR SPECIAL EVENTS

The undersigned owner or authorized agent applies for a permit for the special event as noted below in accordance with the laws and ordinances of the City of Stamford, and as set forth in the accompanying plans and specifications and Chapter 27 and 31 of the CT State Building Code.

PERMITTEE (EVENT ORGANIZER)

(Person responsible for supervision of event., coordination of permits, inspections and compliance with all codes and ordinances).

Name _____ Address _____

City _____ State ____ Zip Code _____

Organization (if Any) _____

Contact Person _____ Phone Number _____

email _____

INDICATE TYPE OF EVENT

- ◯ Private Party
- ◯ Concert
- ◯ Exhibition Show
- ◯ Private Fair
- ◯ Charity Event
- ◯ Public Carnival
- ◯ Fund Raiser
- ◯ Other

INDICATE FACILITIES PROVIDED

- ◯ Tents
- ◯ Amusement Rides
- ◯ Raised Platforms
- ◯ Platform Over pool
- ◯ Food For Public
- ◯ Cooking Equipment
- ◯ Seating Structure
- ◯ Vendors Booths
- ◯ Other

INDICATE UTILITIES PROVIDED

ELECTRICITY

- ◯ Lights Outlets
- ◯ Electric Panel Board
- ◯ Generator

COOKING/HAVC

- ◯ Gas Propane
- ◯ Heat Equipment
- ◯ A/C Equipment

PROPERTY LOCATION

Property Address _____ Parcel ID #: _____

City _____ State ____ Zip Code _____

Required Event Information: ☐ 2003IBC ☐ 2003IRC ☐ FLOOD ZONE

Date of Event _____ Must be ready date of Requested Inspection: _____

Time of Inspection: From: _____ To: _____

Tent Supplied By: _____

No of Tents _____ Size: _____ Total Sq. Ft: _____

Total Occupancy: _____ (over 50 persons - emergency lights req'd) ☐ Check if daytime event.

Date to be Erected _____ Date to be Removed _____

Does Event encroach on City sidewalk / Street: Y ◯ N ◯ If Yes, You will need an Engineering Sign-Off.

Raised Platforms, Stages or Seating

☐ Check if you will provide a letter from a CT registered PE certifying that he/she has inspected the construction and same is designed to support a 100 PSF live load at time of inspection.

☐ Check if you have provided a plan, in duplicate, of raised platform, stage or seating structures with this application

REQUIRED TRADE PERMITS

☐ Electrical Contractor _____

☐ HVAC Contractor _____

Signature of Owner _____ Signature of Applicant _____

Print Name _____ Print Name _____

Address _____ Address _____

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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 One Thousand Dollars ($1,000.00).

(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 One Thousand Dollars ($1,000.00) 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)

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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)

Tax Collector _____ Assessor _____

Lot# _____ List # _____ EPB _____

Health _____ Zoning _____

WPCA _____ Fire Marshall _____

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PERMIT APPLICATION for SPECIAL EVENTS

The building officials is authorized to issue a permit for temporary structure and temporary uses. Such permits shall be limited as to time of service, but shall not be permitted for more that 180 days. The building official is authorized to grant a single 180 extension for demonstration cause.
The following shall be exempt from permit requirements:

1. Tents less than 350 square feet total area.
2. Tents 900 square feet and smaller in total area when occupied by fewer than 50 persons, which have no heating appliances, no installed electrical service; and are erected for fewer than 72 hours

Reviewed By _____

Date _____

Permit: $ _____

Text Field _____

Total $ _____

BY : Check ◯ Cash ◯

BP-20___ - _____
(For Office Use Only)

FEE: $ _____

COST: $ _____

DATE: _____

Owner _____

Address _____

City _____ St. ____ Zip _____

Phone Number _____

Location: _____

Applicant _____

Expeditor _____

Address _____

City _____ St. ____ Zip _____

Total Sq. Footage _____

Code Official _____