



City of Danbury
 155 Deer Hill Ave
 Danbury, CT 06810

For Questions Please Contact the Permit Office at (203) 796-1653

Application # _____

COMMERCIAL PERMIT APPLICATION
New Construction • Additions • Change of Use • Interior Alterations

Use the following table for departmental areas of the application that need to be completed for your specific project

Type of Project	Engineering	Food Service (Health)	Grading (Health)	Fire Marshal	Zoning	Highway	Building
*New Construction Cell Tower	No	N/A	Yes	Yes	Yes	Yes	Yes
*New Construction Restaurant / Food Service	Yes	Yes	Yes	Yes	Yes	Yes	Yes
*New Construction Commercial	Yes	Possible	Yes	Yes	Yes	Yes	Yes
*New Construction Hotel & Motel	Yes	Yes	Yes	Yes	Yes	Yes	Yes
*Addition Commercial	Yes (if change in fixture value)	Possible	Possible	Yes	Yes	Possible	Yes
**Change of Use w/or Interior Alterations	Yes (if change in fixture value)	Possible	No	Yes	Yes	N/A	Yes

Table to be used as a guide only. Departments can require permit at their discretion.

- * Site plan or Special Exception approval **will** be required prior to filing for permits
- ** Site plan or Special Exception approval **may** be required prior to filing for permits

Assessor's lot #: _____ Town Clerk Map #: _____ Town Clerk Lot #: _____

Property Address: _____

Zone Code: _____ Application Date: _____

Total Estimated Construction Value: _____

Total Square Footage: _____ Private or Public Building: _____

Work Description: _____

This Section to be filled out by City Personnel Only!

Code Enforcement Actions Pending? YES NO Describe: _____

Taxes, Water or Sewer Overdue? YES NO Describe: _____

Application # Assigned? _____

PROJECT ROSTER:

Please list the following information for all Professionals and Contractors:

NAME, LICENSE NO., COMPANY, TELEPHONE, FAX, E-MAIL. *Licenses are required to be presented at Counter.

Owner's Agent (letter required from home owner permitting agent to represent them)

General Contractor / Construction Manager: Name: _____

Address: _____

Signature: _____ Phone #: _____ Fax #: _____

Property Owner: _____

Signature: _____ Phone #: _____ Fax #: _____

Electrical Contractor: _____ License #: _____

Signature: _____ Phone #: _____ Fax #: _____

Plumbing Contractor: _____ License #: _____

Signature: _____ Phone #: _____ Fax #: _____

Mechanical/HVAC Contractor: _____ License #: _____

Signature: _____ Phone #: _____ Fax #: _____

Sprinkler Contractor: _____ License #: _____

Signature: _____ Phone #: _____ Fax #: _____

Fire Alarm Contractor: _____ License #: _____

Signature: _____ Phone #: _____ Fax #: _____

Sewer Service Installer (Plumber): _____ License #: _____

Signature: _____ Phone #: _____ Fax #: _____

Water Service Installer (Plumber): _____ License #: _____

Signature: _____ Phone #: _____ Fax #: _____

STRUCTURE INFORMATION

Number of Structures & Uses: _____

Miscellaneous Information: _____

Structure Description: _____

Construction Type: _____ Occupancy Type (Use Group): _____ Roof Type: _____

Elevators: _____ Standpipes: _____ Lowest Floor Elevation: _____

Flood Zone Yes No Base Flood Elevation: _____

Flood Map # & Date: _____

ZONING INFO: See Sheet D for Zoning Requirements

Is project located in a Wetland or Watershed area? (Yes) (No)

If yes explain: _____

Any Previous Commission Approvals? (Yes) (No)

If Yes give approval number, date then describe: _____

Change of Use: Yes No If Yes: Existing Use: _____

Proposed Use: _____

Height of Bldg. & Stories: _____ Size of addition or structure (L*W) & (sq.ft.): _____

Lot Size (sq.ft.): _____ Total Site Building Coverage (sq.ft.): _____

Building Coverage (sq.ft.): _____

Front Yard Setbacks: _____ Side Yard Setbacks: _____ , _____ Rear Yard Setbacks: _____

Fire Marshal Info:

CT Fire Safety Code Occ.: _____ Fire Alarm System: _____

Fire Protection Agent: _____ Fire Suppress / Sprinkler: _____

Fire Construction Code per NFPA 220: _____

Health Department Info: Food Service:

* Note: Operating License application / fees and Qualified Food Operation documentation to be submitted directly to the Health Dept. prior to pre-operational inspection.

Public Water available: (Yes) (No) Public Sewer available: (Yes) (No)

Existing structure served by: (Well) (Septic System) (Sewer) (Community Well)

ENGINEERING/PUBLIC UTILITY INFO

(Please fill in Water and Sewer information if Utilities are involved in project):

List the name of to whom Bill will be sent if different from applicant:

Name: _____

Address: _____ Phone #: _____

The above named applicant agrees that, if permission is granted by the Sewer Department of the City of Danbury to use sewer for the described purpose he will abide by all ordinances, rules and regulations of the City of Danbury. The applicant should in particular pay notice to Section 17-46 "Indemnification of City from loss" and Section 17-56 "Insurance requirements", of these ordinances.

An excavation permit must also be obtained from the proper authorities. **No road openings are permitted between December 1st and March 1st as per ordinance of the City of Danbury Section 17-61.**

Water Info:

If meter pit is required please contact Public Utilities office prior to service line installation.

List total # of Fixtures proposed & existing:

Fixtures	Fixture Value		Total # of Fixtures		Total Fixture Value
Bathtubs	8	X		=	
Kitchen Sink – 3/8" connect	3	X		=	
Bathroom sink-3/8" connect	2	X		=	
Shower Stalls	4	X		=	
Toilet – tank type (residential)	3	X		=	
Dishwasher – 1/2" connect	5	X		=	
Dishwasher – 3/4" connect	10	X		=	
Washing machine – 1/2" connect	5	X		=	
Hose Connection (wash down) – 1/2" connection	6	X		=	
Hose connection (wash down) – 3/4" connection	10	X		=	
List other uses:		X		=	
		X		=	

Fixture Value Total: _____

Approved Sizes:

Corporation: _____ in.
 Curd valve: _____ in
 Service line: _____ in.
 Meter: _____ in.

Required:

Water Meter Pit: (Yes) (No)
 Detector Check: (Yes) (No)
 Meter Pit: (Yes) (No)

Water Reduced Pressure Devices: _____ Fire Service Detector Check/Valve: _____

Cross Connection & Meter Size Section. Please check Yes or No:

1. Is your boiler treated with any type of solution? (Yes) (No)
2. Do you have any water cooled machinery? (Yes) (No)
3. Do you have any water cooled air-conditioning units? (Yes) (No)
4. Are there any pumps connected to water lines or your internal plumbing? (Yes) (No)
5. Is your premises also connected to a private source of water? (Yes) (No)
6. Do you have a water storage tank? (Yes) (No)
7. Do you have a solar collector? (Yes) (No)

Sewer Info:

Length of service: _____ Size of service: _____

Grading: *Please see Sheet A for Conditions of Approval*

** All structures that meet the "Regulated Activity" definition in the Wetland & Watercourse Regulations need to be reviewed by the Environmental Inspector for the potential need of EIC of Grading Permit.*

Total Area to be Graded: _____ Total Amount of Cuts/Fill (cu.yds.): _____

Will Development Create Greater than 1 Acre of Impervious Surface? (Yes) (No)

If Yes Amount Created (sq. ft.): _____

As part of this Application, the property owner (or authorized agent) will post a bond in order to receive a permit. When you have adequately stabilized the site, your bond will be return.

An estimate of the bond amount should accompany all Applications. It is not necessary to provide the bond until the permit is issued. You must post the bond as a check (certified or bank check), passbook account, or letter of credit.

- Fill in the following Table to estimate the bond amount.
- All estimates are subject to revision based on site conditions.
- If you wish to submit a passbook, please ask for passbook form.

BUILDING INFO:

Please see Sheet C for Conditions for Permit and Inspection Order

**Please complete Workman's Compensation Form*

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

Sec.6-02(a) (2) of the Code of Ordinances, Danbury, Connecticut

"Additional inspections shall be performed for an additional fee of Twenty Five Dollars (\$25.00) per inspection. Each separate trip to the site shall be deemed to be a separate inspection. Such additional fees shall be due and payable prior to the issuance of a certificate of occupancy."

As of January 23, 2002 the Building Department of the City of Danbury will be strictly enforcing the above referenced section.

Owner/Agent Signature Date

Footing Widths: _____ Footing Thickness: _____

Foundation Walls Depth _____ Foundation Walls Thickness: _____

Footing Material: _____ Foundation Wall Material _____

Exterior Wall finish: _____ Exterior Wall Thickness: _____

Interior Wall Finish: _____ Interior Wall Thickness: _____

Insulation Type: _____ Insulation R Value Walls: _____

Insulation R Value Floor: _____ Insulation R Value Ceiling: _____

Type of Ceiling: _____ Floors: _____ Sill Size _____

Floor Joist Size _____ Lally Columns: _____ Plate Size: _____

Ceiling Joist Size _____ Roof rafters Size _____ Type of Heat _____

of Chimneys: _____ Flue Size: _____ Roof Type (Hip, Shed, Etc.): _____

Roof Pitch: _____ Roof Covering: _____ Finished Basement Height: _____

Height of 1st Floor: _____ 2nd Floor: _____ 3rd Floor: _____ 4th Floor: _____

Building Inspectors Signature: _____ **Date:** _____