

Change in Footprint

– Permit Application Packet –

Additions, Accessory Structures

Change in Footprint:

A "footprint" is defined as the entire area of ground covered by permissible structure.

This includes, but is not limited to pools, decks/porches, additions, barns, garages, and sheds.

Procedure for applying for work involving a change in footprint:

- 1) Complete Building Permit Application. Include copy of contractor's license and proof of Worker's Compensation Insurance.
 - a. Electrical, Mechanical, and Plumbing Permits to be pulled separately.
 - b. Demolition Permits may require Historic Review Committee Approval. (75 yrs)

- 2) Complete Administrative Zoning Application.
 - a. May require Planning and Zoning Commission Approval, or
 - b. May require Zoning Board of Appeals Approval.

- 3) Complete Wetlands Review Application.
 - a. May require Inland Wetlands Commission Approval.

- 4) Complete Sanitation/Health Review Application online (www.CRAHD.info)
 - a. Soil Testing will be required if no data on file. (Sheds under 200 sq ft exempt)

- 5) Submit **one set of complete building/construction plans**. One set will be retained by the Building Department, the other approved set is to be picked up by the applicant and retained on site throughout construction.

- 6) Submit **two (2) copies of a site plan** for the proposed construction activity including dimensions of structure and indicating distances to property lines, and the location of the septic system and the well(s).

- 7) Two (2) separate checks- (1) for CRAHD and (1) for Town of Killingworth

Town Of Killingworth Building Permit Application

Date _____
Permit # _____ - _____

Location of Building	Address _____ _____ _____ (Number) (Street)	
	Subdivision _____ (If Applicable)	Lot _____ Lot Size _____
For Office Use: Map # _____ Lot # _____		

Applicant <small>(name of person signing)</small>	Name _____			Owner	Name _____		
	Mailing Address _____				Mailing Address _____		
	City _____	State _____	Zip _____		City _____	State _____	Zip _____
	Day Ph () _____		Fax () _____		Day Ph () _____		Email _____

Contractor Information					
Business Name _____			Address _____		
City _____	State _____	Zip _____	Telephone () _____		
Contractors' License Number _____			Email _____		
You must attach a copy of current "Proof of Workman's Comp. Insurance or 7A, 7B, or 7C Form".					

Type of Improvement <i>(If new construction, fill in sections A - H)</i>					
<input type="checkbox"/> NEW HOUSE	<input type="checkbox"/> NEW GARAGE	<input type="checkbox"/> FOUNDATION ONLY	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> POOL	<input type="checkbox"/> OTHER
<input type="checkbox"/> NEW SHED / BARN	<input type="checkbox"/> NEW DECK	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/>	<input type="checkbox"/> WOOD STOVE/FIREPLACE/INSERT	

BRIEFLY DESCRIBE PROJECT –

A. Proposed Use of Building (Residential)					
<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> TWO OR MORE FAMILY	<input type="checkbox"/> ATTACHED GARAGE	<input type="checkbox"/> DETACHED GARAGE	<input type="checkbox"/> BARN	<input type="checkbox"/> OTHER _____

B. Proposed Use of Building (Non-Residential)					
<input type="checkbox"/> PLEASE EXPLAIN _____					

C. Principal Type of Framing					
<input type="checkbox"/> WOOD FRAME	<input type="checkbox"/> MASONRY	<input type="checkbox"/> STRUCTURAL STEEL	<input type="checkbox"/> REINFORCED CONCRETE	<input type="checkbox"/> OTHER _____	

D. Principal Type of Heating					
<input type="checkbox"/> OIL	<input type="checkbox"/> GAS	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> COAL	<input type="checkbox"/> WOOD	<input type="checkbox"/> OTHER _____

E. Principal Type of Sewage Disposal			F. Principal Type of Water Supply		
<input type="checkbox"/> PUBLIC OR PRIVATE COMPANY			<input type="checkbox"/> PUBLIC OR PRIVATE COMPANY		
<input type="checkbox"/> SEPTIC SYSTEM			<input type="checkbox"/> PRIVATE WELL OR CISTERN		

G. Type of Mechanical

WILL THERE BE CENTAL AIR CONDITIONING? YES NO WILL THERE BE FIRE SUPPRESSION? YES NO

H. Dimensions / Data

NUMBER OF STORIES	SQUARE FOOTAGE:	EXISTING	ALTERATIONS	NEW
_____	BASEMENT:	_____	_____	_____
	1ST FLOOR:	_____	_____	_____
	2ND FLOOR:	_____	_____	_____
	OTHER:	_____	_____	_____
	TOTAL SQ FOOTAGE:	_____	_____	_____

Checklist

Be sure all items below are included when submitting a building permit.

For project <i>without</i> footprint change:	For project <i>with</i> footprint change:
<input type="checkbox"/> Signed building permit application. <input type="checkbox"/> 2 Sets of building plans <input type="checkbox"/> 2 Site plan <input type="checkbox"/> Contractor License <input type="checkbox"/> Proof of Workers' Comp	<input type="checkbox"/> Signed building permit application. <input type="checkbox"/> 2 Sets of building plans. <input type="checkbox"/> 3 Site plans. <input type="checkbox"/> Contractor License <input type="checkbox"/> Worker's Compensation Statement. <input type="checkbox"/> Inland/Wetland Application. <input type="checkbox"/> Zoning Application. <input type="checkbox"/> Sanitation Review Form.

I HEREBY CERTIFY 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/HER AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE STATE OF CONNECTICUT. ALL INFORMATION SUBMITTED ON THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant **X** _____ Date _____

JOB COSTS	
Cost of Improvement	\$ _____
Electrical	\$ _____
Plumbing	\$ _____
Heating, A/C	\$ _____
Other (elevator, etc.)	\$ _____
TOTAL COST	\$ _____

FEES	
Total Cost	_____
1. Round "Total Cost" <i>up</i> to next \$1000	
2. First \$1000.00 x \$25.26	\$ 25.26
3. Each addl. \$1000.00 x \$15.26	\$ _____
(add #2-3) Total Building Fees	\$ _____
Additional fees may apply if this application requires Zoning approval (Zoning approval is required when said project alters the original footprint of the property)	

PAYMENT (For Office Use)
Total Paid _____
Date _____
Building _____
Education _____
Zoning _____
State _____
IWWC _____
Sanitation _____
Check # _____
Cash _____

The submitted plans have been reviewed and found to generally be in compliance with Connecticut Codes which are made a part of this permit and shall take precedent over any submitted drawings.

Signature of Building Official **Karl Auer** _____ Date _____

The building inspector has limited availability for inspections, please plan accordingly.

KILLINGWORTH PLANNING & ZONING COMMISSION
TOWN OFFICE BUILDING
323 ROUTE 81
KILLINGWORTH, Connecticut 06419

APPLICATION FOR ADMINISTRATIVE ZONING PERMIT

Permit # _____

Map _____ Lot# _____ Location _____

Applicant _____ Phone # _____
Address _____

Owner _____ Phone# _____
Address _____

Estimated Cost of Project \$ _____

Zoning District (circle one)

- A. Rural Residential B. Commercial C. Industrial D. Floodplain

Other Considerations (circle all appropriate designations)

- A. Aquifer Protection Zone B. Wetlands and Watercourses C. Floodplain District

Type of Permit Applied for:

- A. New Dwelling D. Pool/Deck
B. Addition/Alteration E. Sign/Fence
C. Accessory building/Shed/Barn F. Other

Please give a complete description of proposal activity.

Please submit a Plot Plan/Site Plan indicating the following information:

1. Lot Boundaries, dimensions and minimum buildable lot areas.
2. Existing and proposed structures with dimensions.
3. Dimension to all lot boundaries and other structures from existing and proposed structures.
4. Total coverage of lot by all structures
5. Location of well and septic with dimensions to all structures and boundaries
6. Location of driveways and parking areas
7. Names of all adjacent owners and roads abutting lot
8. Locations of all wetlands/watercourses, drainage swales, utility lines, easements and rights of way.

Applicant Signature _____ Date _____

Linda Kieft-Robataille, Zoning Officer Signature _____ Date _____

Fee \$ _____ Date _____ Cash/ Check# _____



TOWN OF KILLINGWORTH
INLAND WETLANDS AND WATERCOURSES COMMISSION

APPLICATION FOR WETLANDS REVIEW

GENERAL INFORMATION

Location _____ Map _____ Lot# _____

Applicant _____ Phone # _____

Address _____

Owner _____ Phone# _____

Address _____

DESCRIPTION OF PROJECT (Type of construction, dimensions, intended use)

SITE PLAN, ATTACHED, CLEARLY SHOWING:

- (a) Location and exact dimensions of all boundaries of the lot(s);
- (b) Exact aggregate area of the lot(s) and the area and portion of it represented by wetlands and/or watercourses;
- (c) Location and dimensions of all existing and proposed structures and other improvements;
- (d) Distance of all existing and proposed structures and other improvements from all lot lines and wetlands and/or watercourses;
- (e) Name and location of each street abutting the lot(s), and location and width of any other way affording access to the lot(s) from a street;
- (f) The source of water supply.

Signature of [Owner / Applicant]: _____ **Date:** _____
(Circle one)

~ OFFICE USE ONLY ~

Approval is hereby issued by: _____ **Date:** _____
Linda Kieft-Robataille, Wetlands Enforcement Officer

Fees: \$25.00 per Lot **Check #** _____ **Amount:** _____ **Date:** _____



455 Boston Post Road, Suite 7

Old Saybrook, CT 06475

860-661-3300

**For all Health Forms:
(Soil Testing, Septic Installation, B100a Review, etc...)**

Go to: (www.crahd.info)

[Home | Connecticut River Area Health District \(crahd.info\)](http://www.crahd.info)

Please make checks payable to: CRAHD or

***If submitting application and payment online, please email
any necessary supporting documentation with your form
to: crahdoffice@crahd.net***