

COMMERCIAL
INTERIOR ALTERATIONS
TENANT FIT-UP

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.

Commercial – With Interior Construction Document Checklist

- Tax Collector Sign-off
- Permitted Commercial Use Application for Certificate of Zoning Compliance
- If property is within the Aquifer Protection District, the Supplemental Application for CZC in the Aquifer Protection District must be completed
- Re-inspection fee acknowledgement
- Letter of Authorization
- Worker's compensation affidavit
- Combustion Air Calculation, if necessary
- Completed Building Permit Application
- Water Pollution Control Authority review form
- Fire Marshal plan review sheet
- 4 drawings of floor layout including location of the following:
 - fire extinguishers
 - fire alarms
 - smoke detectors
 - emergency lights
 - exit signs
 - location of Knoxbox key or box
 - drinking water dispensers, if any
 - toilets and signs for these
 - sidewalks, front entry, stairs, elevators
 - handicap accessibility
- 4 Sets of building plans; complete mechanical, plumbing, electrical, architectural & structural plans
- COM Check, if necessary
- Structural calculations or other substantiation of structural performance, if necessary
- Interior finish ratings
- Fire Protection system information and plans, if necessary
- Statement of Special Inspections, if necessary
- Letter of Substantial Design Compliance, if necessary
- Contractor's license and proof of insurance
- Fees (includes Certificate of Zoning Compliance fee, Health Plan review fee, Certificate of Occupancy fee)

Rev. 06/11 EC

F:\BUILDING\Originals

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

Letter of Authorization

To the Town of Brookfield:

I hereby declare the following:

1) That I am the owner of the premises described as follows:

Street Address	City	State	Zone
----------------	------	-------	------

2) That I, _____, as property owner will act as general contractor.

OR

That _____ is duly authorized for and on behalf of the owner to execute an application for building permits to enable him/her to obtain permits to complete construction of the following work:

3) That _____ is hereby designated as the owner's representative with whom all town departments may deal with in respect to the work involved.

Date: _____

Owner: _____

Print Name	Signature
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TO CONTRACTORS:

CT. General Statutes (effective January 1, 2005):

§20-338b Building permit applications. Who may sign.

Any licensed contractor who seeks to obtain a permit from a building official may sign the building permit application personally or delegate the signing of the building permit application to an employee, subcontractor or other agent of the licensed contractor, provided, the licensed contractor's employee, subcontractor or other agent submits to the building official a dated letter on the licensed contractor's letterhead, signed by the licensed contractor, stating that the bearer of the letter is authorized to sign the building permit application as the agent of the licensed contractor. The letter shall not be a copy or facsimile, but shall be an original letter bearing the original signature of the licensed contractor. The letter shall also include:

1. The name of the municipality where the work is to be performed;
2. The job name or a description of the job;
3. The starting date of the job;
4. The name of the licensed contractor;
5. The name of the licensed contractor's agent; and
6. The license numbers of all contractors to be involved in the work.

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)



**TOWN OF BROOKFIELD
COMMERCIAL USE APPLICATION FOR
PRELIMINARY ZONING APPROVAL**

ACTIVITY # _____ PROPERTY I.D. # _____

APPLICANT/AGENT:

LANDOWNER OF RECORD:

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Contact Name: _____	Contact Name: _____
Phone: _____	Phone: _____
Cell Phone/E-Mail: _____	Cell Phone/E-mail: _____

USE DATA:

Street Address: _____
 Zoning District: _____
 Unit I.D. #: _____
 Business Name: _____
 Permitted Use Classification: _____
 Flood Plain Designation: _____

DESCRIPTION OF BUSINESS: _____

USE DATA:

No. of Employees: _____
 Total Building Square Footage: _____
 Unit Area Occupied Square Footage: _____
 Total number of parking spaces for building: _____
 Total number of parking spaces assigned to this business: _____
 Are hazardous materials employed? _____

If so, fill out HAZMAT questionnaire.

Comments: _____

I represent that this information is current, accurate and complete and that the work will be completed in accordance with the regulations. I certify that I am the designated agent for this project.

Signature: _____ Signature: _____
 Applicant Property Owner

INSTRUCTIONS FOR ZONING CERTIFICATE OF COMPLIANCE FORM NON-RESIDENTIAL PROJECTS

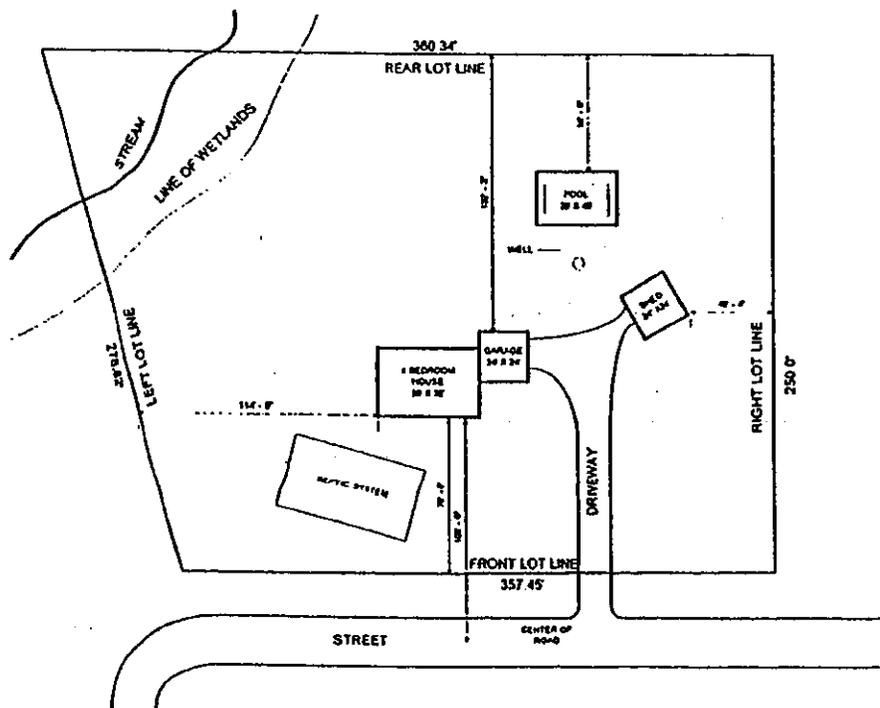
I. FORM COMPLETION: In obtaining the required information, please be guided by the following:

- "Zoning District" Refer to Zoning District Map or Assessor's Card
- "Subdivision Name:" Refer to Planning Commission's Subdivision Map
- "Subdivision Lot #:" Same as above
- "Conservation Subdivision:" Same as above
- "Permitted Use:" Refer to Zoning Regulation Section 242-401 for residential uses or Section 242-501, Table I for commercial and industrial uses.
- "Acres:" Refer to Assessor's cards, Subdivision Maps, or Land Records (Town Clerk)
- "Size of Structure: Total square footage of the building your are occupying.
- "Occupied Area": Total square footage of the area you are occupying.
- "Number of Occupants;" The maximum number of people occupying your area of the building.
- "Number of Parking Spaces;" The number of spaces allotted to you out of the building total.
- "Setbacks:" If an addition or renovation is involved, the setbacks to be shown are for the entire structure after the renovation work has been added, not merely for the added portion.

II. REQUIRED DOCUMENTATION: Check below which documents accompany this application:

- If any modified structures are within 10% of minimum setbacks, an A-2 Survey is required.
- If any parking spaces or pole lighting are added or realigned, a site plan is required.

SAMPLE PLOT PLAN



B. Zoning compliance certificate: [amended 2/24/75 & 2/28/85]

- (1) A Zoning Compliance Certificate must be obtained from the Zoning Commission to ensure compliance with the Zoning Regulations of the Town of Brookfield before:
 - (a) Any building or structure is occupied;
 - (b) A permitted use commences operations for the purpose intended;
 - (c) Any permitted use is changed to another permitted use; or
 - (d) Any land use is employed.

- (2) Application for a Zoning Compliance Certificate shall be submitted on such forms as may be prescribed by the Commission and shall be accompanied by a plot plan certified by a land surveyor/engineer licensed to practice in the State of Connecticut. The fees associated with the various types of Zoning Compliance Certificates shall be in accordance with the Zoning Commission Fee Schedule (see appendix) which may be revised from time to time to reflect current administrative costs. [Amended 2/24/75, 2/28/85, 8/23/01]

Activity #: _____ (for office use only)

TOWN OF BROOKFIELD
SUPPLEMENTAL APPLICATION
CERTIFICATE OF ZONING COMPLIANCE –
FOR NON RESIDENTIAL PROPERTY
WITHIN THE AQUIFER PROTECTION DISTRICT

Property ID#: _____ Date: _____

Street Address: _____ Zone: _____

If your application for a Certificate of Zoning Compliance involves property located within the AQUIFER PROTECTION DISTRICT, you are required to supply the following additional information:

1. Describe the operations conducted within your building(s) and on your site:

2. Do your operations involve the generation, storage, use, and disposal of Hazardous and Contaminant Materials as defined in Section 242-202 of the Brookfield Zoning Regulations? (See reverse side for definitions). YES NO

3. If you answered "YES" to 2., above, you are required to submit a Hazardous and Contaminant Materials Control Plan per Section 242-502 G. 8. (A Sample plan is available from the Brookfield Land Use Department) Approval of this plan is required by the Brookfield Zoning Commission before a certificate can be issued.

4. If you have a current permit(s) for this material from the Connecticut Department of Environmental Protection, identify as follows or write "none:"

Type	Permit I.D. No.	Effective Date	Expiration Date
Storage:	_____	_____	_____
Generation:	_____	_____	_____
Use:	_____	_____	_____
Disposal:	_____	_____	_____
Other:	_____	_____	_____

Applicant's Name	_____	Signature	_____
Owner's Name	_____	Signature	_____

Hazardous and Contaminant Materials Control Plan Approved:

By: _____ Date: _____

HAZARDOUS MATERIALS [eff. 1/2/00]

Hazardous or contaminant material shall mean any substance or combination of substances which, because of quantity, concentration, or physical, chemical or infectious characteristics pose a significant or potential hazard to water supplies or to human health if disposed into or on any land or water, including groundwater. Any substance deemed a "hazardous waste" under the Connecticut General Statutes or Regulations of Connecticut State Agencies shall be deemed a hazardous or contaminant material for the purposes of these Regulations. Hazardous and contaminant materials include, but are not limited to, the following:

- a) Substances which are toxic, flammable corrosive, explosive, radioactive or infectious.
- b) Substances listed in the U.S. Environmental Protection Agency's "Title III Of Lists- Chemical subject to Reporting under Title III of the Superfund Amendments and Reauthorization Act (SARA) of 1986."
- c) Acids and Alkalis outside the pH range of 2 to 10.
- d) Petroleum products, including fuels and waste oils.
- e) Synthetic organic chemicals.
- f) Any solid material which if exposed to water will leach or dissolve to form a hazardous or contaminant material as defined above.
- g) For the purposes of this regulation, pharmaceuticals, medicines and drugs are only considered "hazardous materials" when they are regulated as such by the Department of Environmental Protection (DEP). Definitions of activities, operations, uses, factors and similar terminology relating to hazardous and contaminant materials shall be as defined by the appropriate DEP literature.

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) <input type="checkbox"/> Mechanical (M) <input type="checkbox"/> Other (O) (See item 9)	Is Owner Applicant (Y/N)
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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

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)	INSTITUTIONAL <input type="checkbox"/> GROUP HOME (12) <input type="checkbox"/> HOSPITAL (13) <input type="checkbox"/> JAIL (14) <input type="checkbox"/> MERCANTILE (15)
IMPROVEMENT TYPE:		EDUCATIONAL <input type="checkbox"/> (GRADES 1-12) (7) <input type="checkbox"/> DAY CARE FACILITY (8)	<input type="checkbox"/> OTHER (24) PARKING GARAGE CARPORT MOTOR FUEL SERV. REPAIR GARAGE PUBLIC UTILITY HPM
<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)		FACTORY <input type="checkbox"/> MODERATE HAZARD (9) <input type="checkbox"/> LOW HAZARD (10) <input type="checkbox"/> HIGH HAZARD (11)	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)
Structural (check that applicable)		Exterior (Check those applicable)	
Frame		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)	<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)		

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 \$

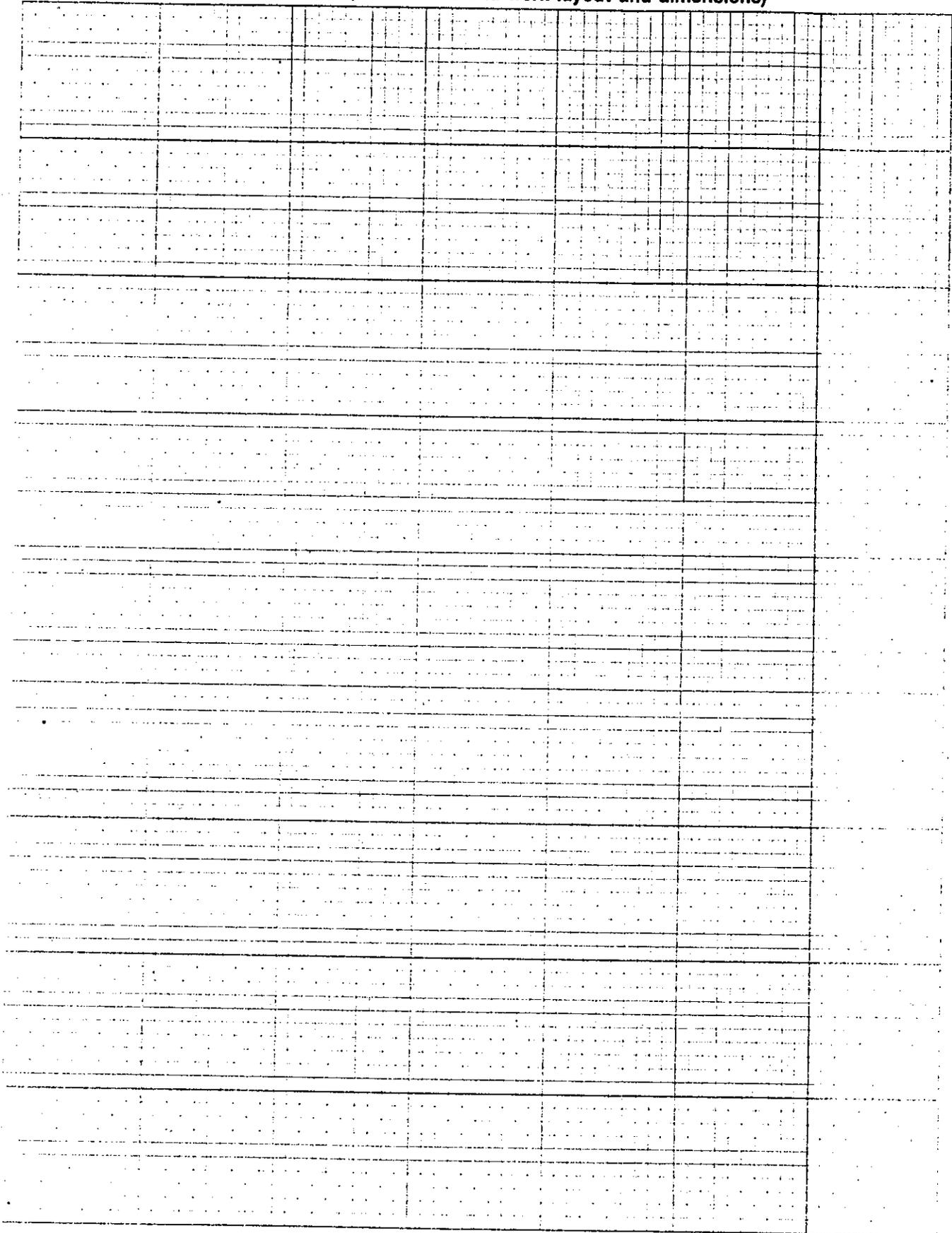
6. ELECTRICAL PERMIT APPLICATION

Electrical Work Yes No

Total Service _____ AMPS	Number of Circuits: 2 WIRE 3 WIRE 4 WIRE	Number of Service Outlets: 110V 220V
POWER DEVICES	No. OUTPUT/LOAD	POWER DEVICES
No. OUTPUT/LOAD		No. OUTPUT/LOAD
1	7	
2	8	
3	9	
4	10	
5		
6		
Total Number of Motors		
Utility Service Revisions:		
Est. Start ____/____/____	Est. Finish ____/____/____	Electrical Work Est. Value \$

10. SITE PLAN

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



SCALE = 1 Inch = _____ FEET

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 \$

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				

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 $285 \div 2 = 143$ 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%.

BROOKFIELD WATER POLLUTION CONTROL AUTHORITY

100 Pocono Road, Brookfield, CT 06804 (203) 775-7319 Fax (203) 775-2614
Website: www.brookfieldwpc.com Email: office@brookfieldwpc.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:

- | | |
|---|--|
| <input type="checkbox"/> FOOD PREPARATION/RESTAURANT | <input type="checkbox"/> DOG GROOMING |
| <input type="checkbox"/> FOOD SALES/GROCERY | <input type="checkbox"/> HAZARDOUS CHEMICALS |
| <input type="checkbox"/> PERSONAL CARE (HAIR/NAIL CARE) | <input type="checkbox"/> MANUFACTURING |
| <input type="checkbox"/> VEHICLE REPAIR | <input type="checkbox"/> GYM/CLUB |
| <input type="checkbox"/> SCHOOL/DAYCARE | |
| <input type="checkbox"/> 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: _____

**Town of Brookfield
Fire Marshal's Office**

Fire Marshal: Wayne Gravius

Assistant Fire Marshal: Gary Gramling

Phone: 203-775-7306 Fax: 203-740-7677

PLAN REVIEW INFORMATION

Application #: _____

Property ID#: _____

Address: _____

APPLICANT/AGENT:

Name: _____

Address: _____

Contact: _____

Phone #: _____

Builder: _____

Architect: _____

LAND OWNER OF RECORD:

Name: _____

Address: _____

Phone #: _____

Phone: _____

Phone: _____

This section for office use only:

Received Date: _____

Review Date: _____

Incomplete

Complete

Date Received Complete: _____

Plan review #: _____

Comments:

(OVER)

**Town of Brookfield
Fire Marshal's Office**

PROCEDURE FOR OBTAINING PERMITS

**Commercial, Industrial & Multiple Family Dwelling applications, and
Hotel/Motel Occupancies must be approved by
the Fire Marshal.**

Required Documents:

- 1. Completed Building Permit application
(including necessary Commission/Dept. approvals)**
- 2. 2 sets of Site Plans**
- 3. 2 sets of Building Plans**
- 4. Code Review of Occupancy –
A. International Fire Code
B. 2003 NFPA Life Safety 101
C. NFPA 1 Uniform Fire Code
D. All International Codes Adopted by State of CT**
- 5. ALL codes have State Amendments**

**If you have questions about these procedures, please make an
appointment with the Fire Marshal (203-775-7306).**

*** Please call the Fire Marshal's Office for all inspections ***

**** In accordance with the Open-Burning Law of the State of
Connecticut, there is to be NO BURNING of construction
material(s). A fine of \$100.00 will be imposed upon the property
owner if this law is violated. ****