

RESIDENTIAL

ADDITION

DECK

BARN

GARAGE

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.

Residential Additions, Decks, Barns, Garages Document Checklist

- Tax Collector Sign-off
- Copy of Wetlands permit or Subdivision Wetlands permit if work is within 75' of a wetland or 100' of a body of water or 200' from the Still River, Candlewood Lake or Lake Lillinonah
- 2 Site Plans with building setbacks and location of well and septic system clearly marked.
- 2 Sets of Building Plans with Architect or Engineer's stamp (if applicable)
- Re-inspection fee acknowledgement
- Completed Residential Application Preliminary Zoning Request
- Workers' Compensation affidavit signed and dated (and notarized if applicable)
- Letter of Authorization from property owner
- Combustion calculation sheet (New Homes, Finished Basements, Water Heater Replacements, Boilers, Furnaces)
- Completed Building Application
- Water Pollution Control Authority Review Sheet
- Res Check (if applicable)
- Contractor's license and proof of insurance
- Limitation of Appeals on Certificates of Zoning Compliance
- Fees (includes Certificate of Zoning Compliance fee, Health Plan review fee, Building Permit fees, Certificate of Occupancy or Approval fee, Building State fee). A schedule of building fees is available separately.

For Electrical Work:

- Code Compliance Sheet signed and dated

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



TOWN OF BROOKFIELD

Activity # _____

**RESIDENTIAL APPLICATION
PRELIMINARY ZONING REQUEST**

APPLICATION DATE: _____

PROPERTY I.D. # _____

APPLICANT/AGENT:

LANDOWNER OF RECORD:

Name: _____
Address: _____
Zip _____

Name: _____
Address: _____
Zip _____

Contact Name: _____
Phone #: _____

Contact Name: _____
Phone #: _____

PROJECT DESCRIPTION:

SITE DATA:

Street Address: _____ Zone: _____ Has a variance been granted on this property? Yes [] No []
Subdivision Name: _____ Conservation Subdivision? No [] Yes []
Acres: _____ Lot Size: (Multiply acres by 43,560 sq. ft) = Square Feet: _____

COVERAGE:

INSTRUCTIONS

Item	Square Feet
House	_____
Deck	_____
Porch	_____
Garage	_____
Shed	_____
Pool	_____
Other	_____
New Construction	_____

1. Enter actual **FIRST FLOOR** square footage **ONLY** from Site Plan drawings or Tax Assessor's Field Card.

If there is no change in foot print, note this in the space below and proceed to Proposed Setbacks.

Total square footage: _____

2. Total all of the above square footages.

PERCENT LOT COVERAGE:

3. Divide Total Square Footage by Lot Size in square feet. Multiply the result by 100 to calculate Percent of Lot Coverage.

BUILDING HEIGHT:

4. Enter Building Height: Distance from the front finished grade to a point midway between the highest point of the roof and an uninhabited attic floor.

PROPOSED SETBACKS:

5. Enter setbacks from site plan below. 6. Indicate setbacks on site plan.

Center of Road	Rear Yard	Right Side Yard	Left Side Yard
_____	_____	_____	_____

I represent that this information is current, accurate and complete and that all the work has been completed in accordance with ordinances, regulations, building and health codes. I agree that any information that is determined to be false, or misleading will be subject to fines and penalties set by regulation, code or statute.

I certify that I am the designated agent for this project

Signature: _____

OR

Signature: _____

Applicant

Property Owner

INSTRUCTIONS FOR ZONING AND WETLANDS APPROVAL APPLICATION

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 1 for commercial and industrial uses.

"Acres:" Refer to Assessor's cards, Subdivision Maps, or Land Records (Town Clerk)

"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

PREEXISTING LOTS:

- If the lot existed prior to a rezoning action, provide prior zone designation and prior approval date.
- If lot existed prior to 6/15/60, the initiation of Zoning, attach a statement and justification that the lot is considered a "legal, preexisting lot."

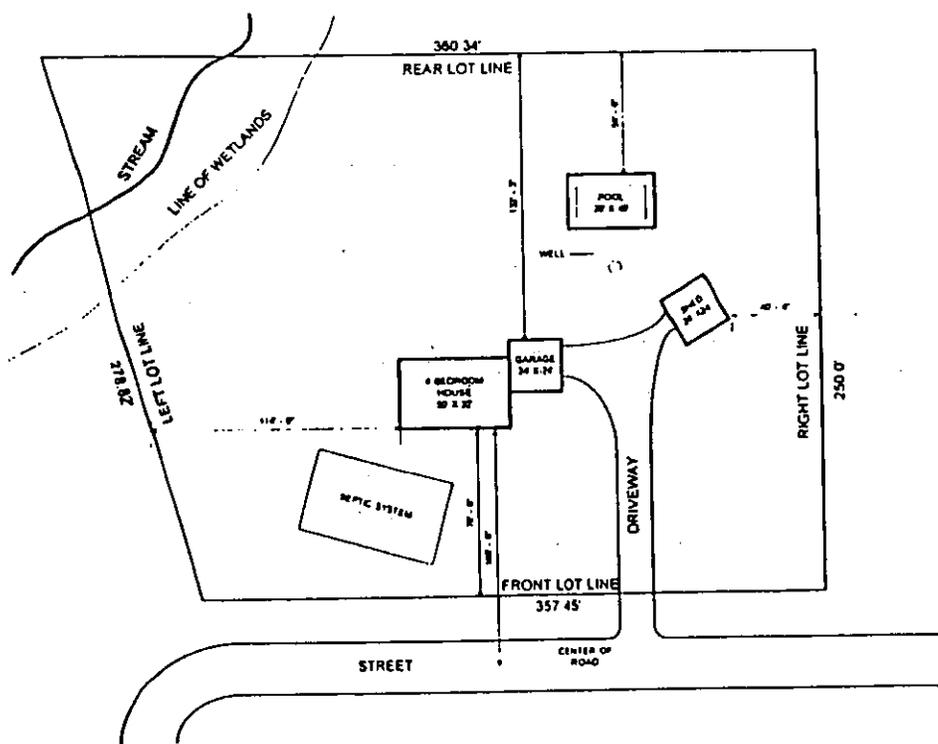
NEW BUILDING CONSTRUCTION: Provide the following

- A certified, surveyed plot plan showing the proposed and existing structures, all setbacks, property lines with dimensions, wetlands and watercourses, zoning district designations and lot area.
- House plans including elevations to indicate building height.
- Copy of Subdivision map and Inland Wetlands approval

ADDITIONS, SHEDS, AND POOLS: Provide the following:

- A plot plan, to scale, minimum 8 1/2' x 11' sheet, including lot outline and dimensions existing and proposed structure locations, all setbacks, building height, locations of: wells, septic systems and reserve areas.

SAMPLE PLOT PLAN



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)

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.

Date: _____

To: Building Department
Town of Brookfield
100 Pocono Road
Brookfield, CT 06804

From: _____
Permit Applicant's Name

RE: _____ (Project Address)

This is to certify that the provisions of

____ Chapters 34 through 42 of the 2009 International Residential Code

or the

____ 2011 NFPA 70 National Electric Code

of the 2005 CT State Building Code shall be followed for the general scope of the electrical system and equipment requirements for the proposed work of this one or two-family dwellings, swimming pool and structures.

Permit Applicant's Signature

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%.

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)		INSTITUTIONAL <input type="checkbox"/> GROUP HOME (12) <input type="checkbox"/> HOSPITAL (13) <input type="checkbox"/> JAIL (14) <input type="checkbox"/> MERCANTILE (15)
IMPROVEMENT TYPE:		<input type="checkbox"/> BUSINESS (6)	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)
<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)		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 _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
FACTORY <input type="checkbox"/> MODERATE HAZARD (9) <input type="checkbox"/> LOW HAZARD (10) <input type="checkbox"/> HIGH HAZARD (11)		STORAGE <input type="checkbox"/> MODERATE HAZARD (22) <input type="checkbox"/> LOW HAZARD (23)	

Structural (check that applicable) Frame <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)	Exterior (Check those applicable) 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)
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 \$

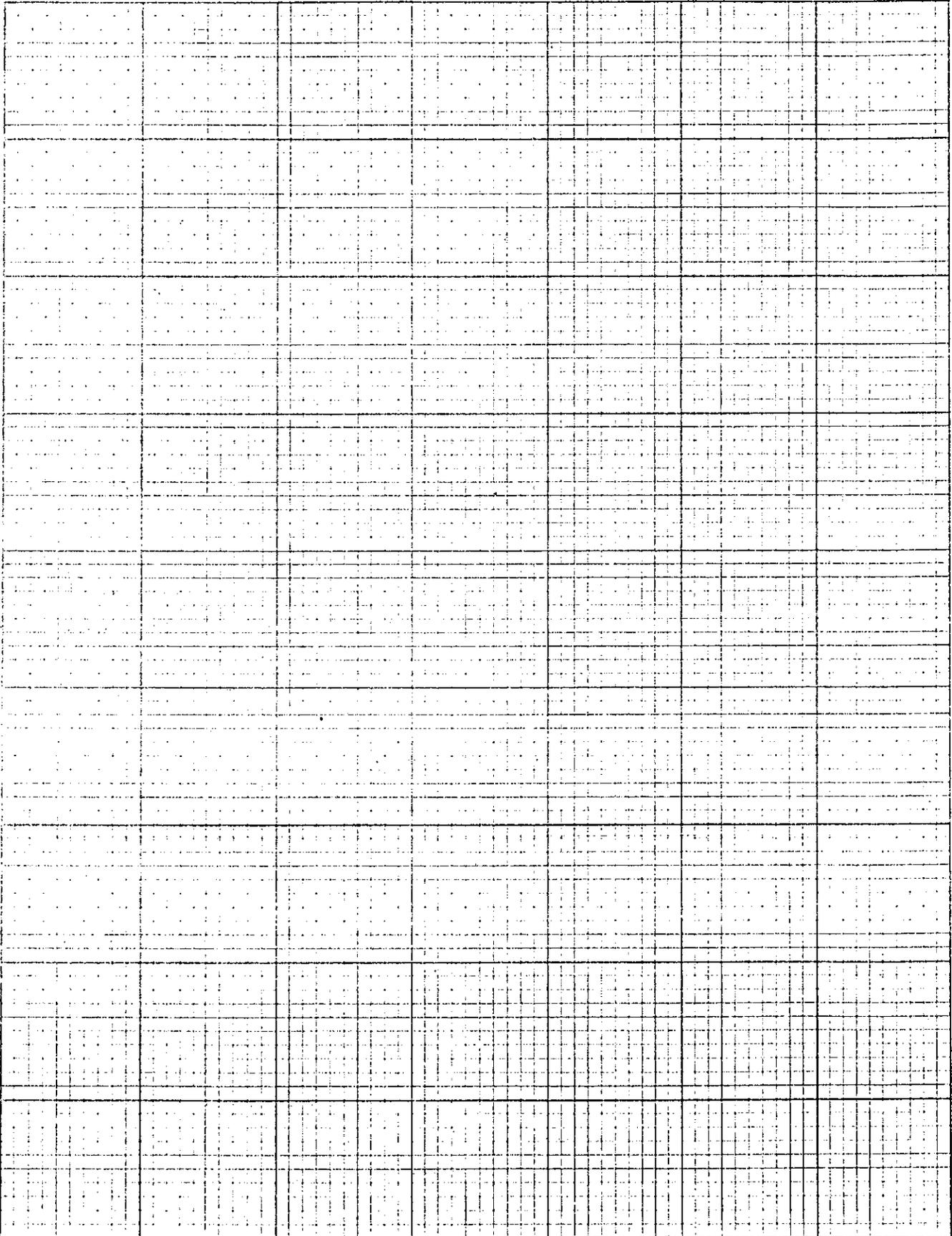
6. ELECTRICAL PERMIT APPLICATION

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
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

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				

Effective 3/15/06

§242-301C

Add as follows:

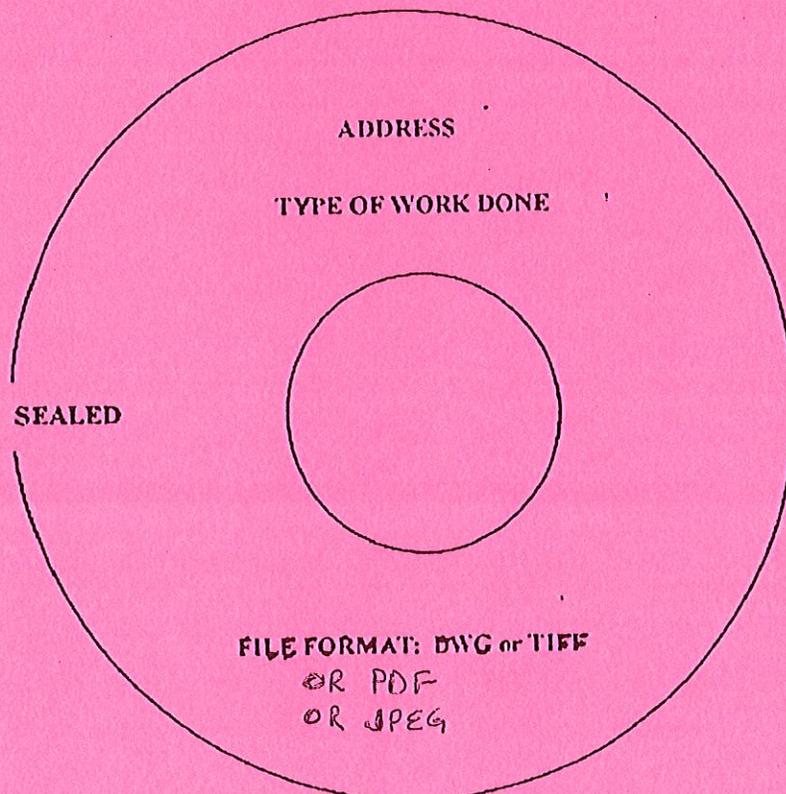
Digital Map Submission

Prior to issuance of a final Certificate of Zoning Compliance, any "as-built" survey must be submitted in both paper & electronic format for all buildings constructed pursuant to a Design Review, Design Review Approval Modification involving building footprint changes, lot line changes, residential new construction or alterations with footprint changes within 10% of the minimum setbacks, and any activity permitted as a result of a variance granted by the Zoning Board of Appeals. The electronic format shall be for purposes of updating the Town's Geographic Information System (GIS) and shall meet the following criteria:

1. Drawings shall be on a compact disk (CD).
2. Electronics shall be in a format as prescribed by Town's GIS coordinator.

A certification letter stating that the electronic drawing is a copy of the survey map that was presented to the Zoning Enforcement Officer shall accompany electronic drawings. A land surveyor licensed by the State of Connecticut shall certify the letter.

ie:



BROOKFIELD WATER POLLUTION CONTROL AUTHORITY

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

- FOOD PREPARATION/RESTAURANT
- FOOD SALES/GROCERY
- PERSONAL CARE (HAIR/NAIL CARE)
- VEHICLE REPAIR
- SCHOOL/DAYCARE
- OTHER (PLEASE LIST) _____
- DOG GROOMING
- HAZARDOUS CHEMICALS
- MANUFACTURING
- GYM/CLUB

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: _____

HEALTH DEPARTMENT **REQUIREMENTS**

In accordance with the section 19-13-B100a of the Connecticut Public Health Code, Health Department approval is required for all Building Conversions/changes in use, Building Additions, Garages/Accessory Structures and Swimming Pools.

In order to help expedite the Health Department approval, please read the enclosed regulations and include the necessary information with your Building application.

If you have any questions, please contact the Health Department at 775-7315.

Thank you.

Building Conversions, Changes In Use, Additions

19-13-B100a. Building conversions/changes in use, building additions, garages/accessory structures, swimming pools, sewage disposal area preservation

(a) Definitions. As used in this section:

- (1) "Accessory structure" means a permanent non-habitable structure which is not served by a water supply and is used incidental to residential or non-residential buildings. Accessory structures include, but are not limited to, detached garages, open decks, tool and lawn equipment storage sheds, gazebos, and barns.
- (2) "Building conversion" means the act of winterizing a seasonal use building into year round use by providing one or more of the following:
 - (A) a positive heating supply to the converted area; or,
 - (B) a potable water supply which is protected from freezing; or,
 - (C) energy conservation in the form of insulation to protect from heat loss.
- (3) "Change in use" means any structural, mechanical or physical change to a building which allows the occupancy to increase; or the activities within the building to expand or alter such that, when the building is fully utilized, the design flow or required effective leaching area will increase.
- (4) "Code-complying area" means an area on a property where a subsurface sewage disposal system can be installed which meets all requirements of Section 19-13-B103 of the Regulations of Connecticut State Agencies, and the Technical Standards except for the one hundred percent reserve leaching area referred to in Section VIII A of the Technical Standards.
- (5) "Design flow" means the anticipated daily discharge from a building as determined in accordance with Sections IV and VIII F of the Technical Standards.
- (6) "Potential repair area" means an area on a property which could be utilized to repair or replace an existing or failed septic system and includes areas on the property where exceptions to Section 19-13-B103 of the Regulations of Connecticut State Agencies could be granted by the local director of health or the Commissioner of Public Health but does not include areas beyond those necessary for a system repair and areas of exposed ledgerrock.
- (7) "Technical Standards" means those standards established by the Commissioner of Public Health in the most recent revision of the publication entitled "Technical Standards for Subsurface Sewage Disposal Systems" prepared pursuant to Section 19-13-B103d(d) of the Regulations of Connecticut State Agencies. These standards can be obtained from the Department of Public Health, 410 Capitol Avenue, MS #51SEW, P.O. Box 340308, Hartford, CT. 06134-0308, or by calling (860) 509-7296.

(b) Building conversion, change in use. If public sewers are not available, no building or part thereof shall be altered so as to enable its continuous occupancy by performing any building conversion, nor shall there be a change in use unless the local director of health has determined that after the conversion or change in use, a code-complying area exists on the lot for installation of a subsurface sewage disposal system. The determination by the local director of health of whether a code-complying area exists on the property shall be based upon analysis of existing soil data. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. The local director of health may require expansion of the existing sewage disposal system or installation of a new sewage disposal system at the time of the change in use for those properties whenever the proposed change in use results in a more than 50% increase in the design flow.

Current with materials published in Connecticut Law Journal through 11/06/2007

19-13-B10a. Building conversions/changes in use, building additions, garages/accessory structures, swimming pools, sewage disposal area preservation

- (c) Building additions. If public sewers are not available, no addition to any building shall be permitted unless the local director of health has determined that after the building addition a code-complying area exists on the lot for the installation of a subsurface sewage disposal system. Once a code-complying area is identified, portions of the property outside this designated area may be utilized for further development of the property. This determination by the local director of health shall be based upon analysis of existing soil data to determine if a code-complying area exists. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. If the applicant submits soil test data, design plans or a sketch and is unable to demonstrate a code-complying area, the building addition shall be permitted, provided:
- (1) The size of the replacement system shown on design plans or sketch provides a minimum of 50% of the required effective leaching area per the Technical Standards,
 - (2) The replacement system shown on the plans or sketch provides a minimum of 50% of the required Minimum Leaching System Spread (MLSS) per the Technical Standards,
 - (3) The proposed design does not require an exception to Section 19-13-B103d(a)(3) of the Regulations of Connecticut State Agencies, regarding separation distances to wells,
 - (4) The addition does not reduce the potential repair area, and
 - (5) The building addition does not increase the design flow of the building. The local director of health may require expansion of the existing sewage disposal system or installation of a new sewage disposal system at the time of building addition whenever the proposed addition results in a more than 50% increase in the design flow. The separation distance from an addition to any part of the existing sewage disposal system shall comply with Table 1 in Section II of the Technical Standards.
- (d) Attached or detached garages, accessory structures, below or above ground pools. If public sewers are not available, no attached garage, detached garage, accessory structure, below or above ground pool shall be permitted unless the local director of health has determined that after construction of the attached garage, detached garage, accessory structure, below or above ground pool, a code-complying area exists on the lot for installation of a subsurface sewage disposal system. This determination by the local director of health shall be based upon analysis of existing soil data. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. If the applicant submits soil test data, design plans or a sketch and is unable to demonstrate a code-complying area, the attached or detached garage, below or above ground pool, or accessory structure shall be permitted, provided the structure does not reduce the potential repair area. The separation distance from the attached or detached garage, below or above ground pool, or accessory structure to any part of the existing sewage disposal system shall comply with Table 1 in Section II of the Technical Standards.
- (e) Sewage disposal area preservation. If public sewers are not available, no lot line shall be relocated or any other activity performed that affects soil characteristics or hydraulic conditions so as to reduce the potential repair area, unless the local director of health has determined that after the lot line relocation or disturbance of soils on the lot a code-complying area exists for the installation of a subsurface sewage disposal system. This determination by the local director of health shall be based upon analysis of existing soil data. If soil data is not available, the property owner shall perform soil testing. The property owner or the owner's authorized agent shall submit design plans or a sketch to

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demonstrate how the property contains a code-complying area that can accommodate a sewage disposal system. In no case shall a relocated lot line violate Subsection (d) of Section 19-13-B103(d) of the Regulations of Connecticut State Agencies that requires that each subsurface sewage disposal system shall be located on the same lot as the building served.

- (f) Decision by Director of Health. Any final decision of the local director of health made in regard to this section shall be made in writing and sent to the applicant. Any decision adverse to the applicant or which limits the application shall set forth the facts and conclusions upon which the decision is based. Such written decision shall be deemed equivalent to an order, and may be appealed pursuant to Section 19a-229 of the Connecticut General Statutes.
(Effective August 3, 1998.)