



Town of North Haven Pool Permit Application

Telephone (203)239-5321 Ext. 405 Fax. (203)234-8375

PROPERTY & APPLICANT INFORMATION

Residential: _____

Non Residential: _____

Property Address: _____
Address: _____
Unit/floor: _____
Bus. Name: _____

Owner Name: _____
Address: _____
Address: _____
Telephone: _____ FAX: _____
E-mail: _____

Applicant is: Owner _____ Contractor _____ Other: (explain) _____

Contractor Name:

Address: _____
Address: _____
License #: _____
Expiration Date: _____

Telephone: _____
FAX: _____
E-mail: _____

PROJECT INFORMATION

Above Ground In-Ground*

Detailed Description of Work: _____

***Requires temporary safety fence while under construction and a permanent safety fence upon completion**

Applicable Building Codes for Project: (The code to which a project is designed, affects the requirements of the project.)

Applicable codes in Connecticut are listed below. If you are uncertain of which codes apply, ask your design professional.

- 2003 International Building Code, Amended 2005, 2011
- 2003 International Existing Building Code
- 2009 International Energy Conservation Code w/Ct. amendments.
- ICC/ANSI A117.1-2003 Accessible and usable buildings & facilities

- 2009 I R C, 2013 amendments
- 2003 International Mechanical Code
- 2003 International Plumbing Code
- 2011 National Electric Code (NFPA70)

Current Occupancy: _____
Proposed Occupancy: _____

Occupancy codes: A-1 to A-5, B, E, F1 or F-2, H-1 to H-5, I-1 to I-14, M, R-1 to R-4, S-1 or S-2. Occupancy classifications are listed in Ch. 3 of the International Building Code. If you are uncertain of the correct occupancy code, please contact your design professional.

Type of Construction: _____

Construction codes: IA or B, IIA or B, IIIA or B, IV, VA or B
Types of construction are described in Ch.6 of the International Building Code. If you are unsure of the type of construction, please contact your design professional.

Value of Work: \$ _____
(include labor and materials)
(**Do not** include value of work to be submitted on separate permits, i.e.: mechanical, electrical, plumbing)

Fee: \$ _____
Other Fee: \$ _____

(OVER)

REQUIRED ATTACHMENTS (Prior to any review process the following must be provided)

Minimum attachments:

- Plot plan-To scale/Site plan (detailing the existing & proposed work to be done) or detailed plan of work to be performed*
* (may require an A-2 survey, depending on scope of work)
- Architectural plan detailing the **Existing Building** and **Proposed work. (1) set to Fire and (1) sets for Building**
Plans must show: Current & proposed use in all spaces including sq feet of proposed work area and total sq feet of Bldg
- Proof of Workers' Compensation Insurance of Affidavit.

Additional materials **MAY** be required depending on the nature of the property and project. If you are unsure whether these are required, please review this list with the Building Inspector.

PROVIDED

NOT REQUIRED

WILL PROVIDE *I understand that I cannot receive a permit until this has been obtained*

- Zoning/Land Use Approval
- Stamped Engineer Drawings
- Health Department

ADDITIONAL REQUIREMENTS MAY BE NECESSARY PRIOR TO USE

APPLICANT :

I hereby certify that I am the Owner of the property which is the subject of this application, or the authorized agent of the property owner and have been authorized to make this application. I understand that when a permit is issued, it is a permit to proceed and grants no right to violate the State Building Code or any other code, regulation, ordinance or statute, regardless of what might be shown or omitted on the submitted plans and specifications. All information contained within is true and accurate to the best of my knowledge and belief. All permits approved are subject to inspections. In addition I authorize the Town of North Haven to properly dispose of all residential construction plans two (2) years after issuance of the Certificate of Occupancy or Final inspection, unless written request is submitted to the Building Office prior to that time.

APPLICANT SIGNATURE	DATE
Zoning Official Signature	DATE
Fire Marshal Signature	DATE
Tax Collector	DATE
Building Official Signature	DATE