

# 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.  
→ Electrical, Mechanical, and Plumbing permits to be pulled separately.
- 2) Complete Administrative Zoning Application.\*
- 3) Complete Wetlands Review Application.\*
- 4) Complete Sanitation/Health Review Application. Soil testing may be required.
- 5) Submit two (2) sets 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 three (3) 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).

\*Additional approvals may be required.

# Town Of Killingworth Building Permit Application

Date \_\_\_\_\_  
Permit # \_\_\_\_\_ - \_\_\_\_\_

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

<b>Applicant</b> <small>(name of person signing application)</small>	Name _____			<b>Owner</b>	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 ( ) _____		
Builders License Number _____			Email _____		
<b>You must attach a copy of current "Contractor's License" and current "Proof of Workman's Comp. Insurance".</b>					

Type of Improvement <i>(If new construction, fill in sections A - H)</i>					
<input type="checkbox"/> NEWCONSTRUCTION	<input type="checkbox"/> NEW GARAGE	<input type="checkbox"/> NEW BARN	<input type="checkbox"/> FOUNDATION	<input type="checkbox"/> POOL	<input type="checkbox"/> OTHER
<input type="checkbox"/> NEW SHED	<input type="checkbox"/> NEW DECK	<input type="checkbox"/> ONLY DEMOLITION	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> REPAIR	

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	
<input type="checkbox"/> PUBLIC OR PRIVATE COMPANY	<input type="checkbox"/> SEPTIC SYSTEM

F. Principal Type of Water Supply	
<input type="checkbox"/> PUBLIC OR PRIVATE COMPANY	<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"/> <b>2</b> Sets of building plans <input type="checkbox"/> <b>1</b> Site plan <input type="checkbox"/> Contractor License (copy) <input type="checkbox"/> Worker's Compensation Statement	<input type="checkbox"/> Signed building permit application. <input type="checkbox"/> <b>2</b> Sets of building plans. <input type="checkbox"/> <b>3</b> Site plans. <input type="checkbox"/> Contractor License (copy) <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.)	\$ _____
<b>TOTAL COST</b>	<b>\$ _____</b>

FEES	
Total Cost	_____
1. Round "Total Cost" <i>up</i> to next \$1000	_____
2. First \$1000.00 x \$25.00	\$ 25.00
3. Each addl. \$1000.00 x \$15.00	\$ _____
4. Education Fees (.26 cents per \$1000)	_____
<b>(add #2-4) Total Building Fees</b>	<b>\$ _____</b>
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
Total Paid _____
Date _____
Building _____
Education _____
Sanitation _____
Wetlands _____
Zoning _____
State _____
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 **Jerry Russ** \_\_\_\_\_ 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/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 \_\_\_\_\_

Fee \_\_\_\_\_ Date \_\_\_\_\_ 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:** \_\_\_\_\_

*Cathie Jefferson, Wetlands Enforcement Officer*

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

---

**APPLICATION FOR SANITATION/HEALTH REVIEW**

**Location address:** \_\_\_\_\_ **Map #** \_\_\_\_\_ **Lot #** \_\_\_\_\_

**Applicant:** Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Property Owner:** Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell#: \_\_\_\_\_

**Type of Review (check which apply):**

Addition (describe and provide house plans of before and after): \_\_\_\_\_

Barn/Shed (describe size and if footing drains are planned): \_\_\_\_\_

Pool (describe if in-ground or above ground): \_\_\_\_\_

Deck (provide size): \_\_\_\_\_

Septic Proposal (  New or  Repair)

Other (provide details): \_\_\_\_\_

**Number of Bedrooms?** Currently: \_\_\_\_\_ Proposed: \_\_\_\_\_

**Soil Test Data on file in Health Department?** Yes \_\_\_\_\_ No \_\_\_\_\_ (See Sanitarian)

**Has the septic tank been pumped out within the past 5 years?** Yes \_\_\_\_\_ No \_\_\_\_\_

---

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fee \$** \_\_\_\_\_ **Paid by check #** \_\_\_\_\_ **Date** \_\_\_\_\_

**Addition/barn/pool/deck - \$100 Home Septic Repair - \$75 Home Septic New - \$100**

**Commercial (see Fee Schedule)**

---

**Office only: Approved / Not Approved**

**Comments:** \_\_\_\_\_

**Sanitarian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_