

BUILDING PERMIT NO. _____

APPLICATION FOR COMMERCIAL OR RESIDENTIAL BUILDING PERMIT

Town of Lisbon, 1 Newent Road, Lisbon, CT 06351

Telephone: (860) -376-8291 Fax: (860)-376-6545

Application must be filled out completely in ink.

COMMERCIAL _____ RESIDENTIAL _____ INDUSTRIAL _____ OTHER _____

NEW _____ ACCESSORY _____ ADDITION _____ ALTERATION _____

JOB LOCATION _____

CONTRACTOR'S NAME _____

CONTRACTOR'S ADDRESS _____, CITY _____,

STATE _____ ZIP CODE _____ STATE LICENSE NO. _____

PROPERTY OWNER'S NAME _____ TEL. NO. _____

OWNER'S ADDRESS _____

DESCRIPTION OF WORK TO BE PERFORMED _____

ALL WORK COVERED BY THIS APPLICATION HAS BEEN AUTHORIZED BY THE OWNER OR AGENT OF THIS PROPERTY AND WILL BE DONE IN ACCORDANCE WITH THE STATE BUILDING CODE. NO WORK SHALL BE STARTED UNTIL THE BUILDING DEPARTMENT HAS RECEIVED THIS APPLICATION AND HAS ISSUED A BUILDING PERMIT.

I GRANT PERMISSION TO THE TOWN'S ASSESSOR TO ENTER THE PROPERTY TO DO REQUIRED INSPECTIONS.

APPLICANT'S SIGNATURE _____ DATE _____

PLEASE PRINT NAME _____ TEL. NO. _____

ESTIMATED VALUE OF WORK	\$	_____
BUILDING PERMIT FEE	\$	_____
TRADES	\$	_____
EDUCATION FEE	\$	_____
TOTAL	\$	_____

APPROVED BY _____, BUILDING OFFICIAL

TOWN OF LISBON

(For single and two-family homes and accessory buildings or uses.)

NO: _____

Date: _____

To be filled in by the Applicant:

Application is hereby made for a Zoning Permit for the use described herein and shown in the accompanying plans.

Applicant _____ Address: _____

Phone Number: _____

Property Owner: _____ Address: _____

Location of Property: _____

Land Records Book: Volume _____ Page _____ Land Records Map: _____ Lot _____

Lot Size in Sq. Feet _____ Total Building Floor Area in Sq. Feet: _____ Zone: _____

Existing Use of Land or Building: _____

Proposed Use of Land or Building: _____

APPROVAL FROM TOWN SANITARIAN REQUIRED PER SECTION
19-13-B100a CT. DEPT OF PUBLIC HEALTH

(Applications for permitted single-family/two-family dwellings and accessory buildings or expansions or additions of such buildings on residential lots shall complete the plot plan on the reverse side of this form.)

***** ATTENTION *****

A permit issued on the basis of this application certifies conformance with the LISBON ZONING REGULATIONS. Other permits may be required, such as those concerning driveways, wetlands and water and sewer facilities, fire protection, building code and health code. (Obtaining the additional permits is the responsibility of the Applicant.)

Signature of Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____
(If different than applicant.)

To be filled in by the Zoning Enforcement Officer: FEE COLLECTED BY BUILDING OFFICIAL
UPON ISSUING OF BUILDING PERMIT FEE.

Approved: _____ Disapproved: _____ Date: _____ Fee Paid: \$ _____

Reason for Disapproval: _____

Signature: _____
Zoning Enforcement Officer



ADDITIONS, DECKS, GARAGES, SHEDS, AND POOLS

Prior to putting an addition onto your home, installing an in-ground or above-ground swimming pool, or building a deck, garage or storage shed, approval is required from the Uncas Health District if you have a septic system. Section 19-13-B100a of the CT Public Health Code sets the conditions under which the District can approve the above construction.

A plot plan must be submitted which shows the exact location of your home, septic system, well and what you propose to build. Dimensions and separating distances must also be included. If you are adding an addition to your home, floor plans of the existing house and the proposed house, with all rooms labeled, must also be submitted.

The Health Code requires that before the District can approve any of these plans, there must either be a septic system on your property which meets all of the current regulations, or, there must be an area in which such a septic system could be installed if needed. In order to determine this, the District must examine records of test holes and percolation tests. If this information is not available, testing must be done before the District can approve or deny the proposal.

In addition, all the required separating distances to the septic system must be met. These distances include 10 feet to an above-ground pool; 25 feet to an in-ground pool; 5 feet to a deck; 5 feet to a storage shed or garage; 15 feet to an addition, provided there are no footing drains. If footing drains are provided, the separating distance to the septic system increases to 25 feet.

These regulations are necessary to ensure that if your septic system has to be replaced, there is an adequate area in which to install a proper system. If there is not enough area, the flow of water from your house may have to be reduced, and things such as washing machines and dishwashers may have to be eliminated.

Revised 6/2/2006



**APPLICATION TO CONSTRUCT AN ADDITION, DECK, POOL OR GARAGE
OR TO CHANGE THE USE OF A BUILDING**

Owner's Name: _____ Phone Number: _____

Owner's Address: _____

Email address: _____

Property Address: _____ Town: _____

No. of Bedrooms Existing: _____ No. of Bedrooms after renovation/addition: _____

Request approval to:

☐ **Construct an addition:** Number of rooms: _____ Size of addition: _____

Use of addition: _____

☐ **Construct a deck:** Size of deck: _____

☐ **Construct a shed:** Size of shed: _____ Type of foundation: _____

☐ **Install a pool:** ☐ In-ground ☐ Above-ground Size of pool: _____

☐ **Construct a garage:** Size of garage: _____

☐ **Other:** Description and dimensions: _____

☐ **Change the use of the building or rooms in the building:** Description of change: _____

Review Fee \$50.00 _____ Site Investigation Fee \$75.00 _____ Total Fee \$ _____

Fee Paid \$ _____ Cash _____ Check # _____ Receipt # _____

- * A plot plan showing the location of the existing building, any proposed additions, decks, garages, pools, etc., the septic system and the well must be submitted.
- * For an addition, a floor plan of the existing house and the proposed addition must also be submitted.
- * If test hole and percolation test data is not available, then a test hole(s) must be dug and a percolation test performed.
- * If the exact location of the septic tank & leaching field is not available, the owner must have them located, if deemed necessary, to ensure that all separating distance requirements are met.

Owner's or Agent's Signature: _____ Date: _____

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