

Application must be filled out in ink.

PERMIT NUMBER _____

APPLICATION FOR A PUBLIC OR PRIVATE SWIMMING POOL

Town of Lisbon Building Department
1 Newent Road, Lisbon, CT 06351
Tel. 860-376-8291 Fax 860-376-6545

COMMERCIAL _____

RESIDENTIAL _____

JOB LOCATION _____ DATE _____

OWNER'S NAME _____ TELEPHONE ____/____/____

OWNER'S ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

CONTRACTOR'S NAME _____ REG. NO. _____

TELEPHONE ____/____/____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

DESCRIPTION OF WORK _____

TYPE OF POOL: ABOVE GROUND _____ IN GROUND _____ SIZE OF POOL _____ x _____

POOL MATERIAL _____ DIVING BOARD _____ UNDERWATER LIGHTING _____

*AN ENGINEERED POOL DRAWING MUST ACCOMPANY THIS APPLICATION.

*PROTECTION OF POOL MUST BE PROVIDED IN ACCORDANCE WITH SECTION 421.0 OF THE 1999 STATE BUILDING CODE AS AMENDED. POOLS ARE NOT TO BE FILLED WITH WATER UNTIL SUCH PROTECTION IS IN PLACE.

TYPE OF FENCE _____ HEIGHT OF FENCE _____

IS DWELLING ENTRY PROTECTION AND/OR A SELF-CLOSING, POSITIVE LATCHING GATE PROVIDED? _____

*PERMANENT ELECTRICAL WIRING AND BONDING OF METALLIC ELEMENTS MUST COMPLY WITH THE CURRENT NEC REQUIREMENTS ADOPTED BY THE STATE OF CONNECTICUT. GROUND RODS ARE NOT TO BE DRIVEN AT THE POOL.

All work covered by this application has been authorized by the owner or agent of this property and must comply with the State Building Code. No work shall be started until the Lisbon Building Department has received this application and a permit has been issued. I grant the town's Assessor to enter the property to conduct required inspections. Owner/Agent initial here _____

APPLICANT'S SIGNATURE _____ DATE _____

PLEASE PRINT NAME _____

| | |
|-------------------------|----------|
| Estimated Value of Work | \$ _____ |
| Permit Fee | \$ _____ |
| Education Fee | \$ _____ |
| Total Fee | \$ _____ |

APPROVED BY _____, Building Inspector
Carl Brown, Building Inspector

TOWN OF LISBON ZONING PERMIT APPLICATION

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

To be completed by the Applicant:

Date: _____

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

Applicant _____ Address _____
Property Owner _____ Address _____
Location of Property _____ Rd., St., or Ave. _____
Land Records Map of _____ Lot # _____ Vol. _____ Page _____
Lot Size in Square Feet _____ Total Building Floor Area in Square Feet _____
Existing Use of Land or Building _____ Zone _____
Proposed Use of Land or Building _____

(Applicants shall submit site plans as prescribed in Section 10 of the Lisbon Zoning Regulations.)

Signature of Applicant _____

To be completed by the Commission:

Application No. _____
Date of Submission: _____
Date of Receipt: _____ Fee Paid: \$ _____
Date of Action: _____
Approved: _____ Denied: _____
Reasons for denial or modifications: _____

Signature _____

(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, water and sewer facilities, fire protection, building code and health code. Obtaining the additional permits is the responsibility of the applicant)



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: _____

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 # _____

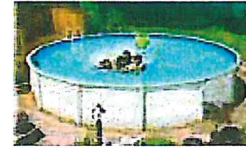
* A plot plan showing the location of the existing building, any proposed additions, decks, garages, pools, etc., the septic system and the well must be submitted.

* 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: _____



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; 10 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

401 West Thames Street - Ste. #106, Norwich, CT 06360
Telephone No. (860) 823-1189 FAX No. (860) 887-7898
E-Mail: chfsanit@uncashd.org
Internet: www.uncashd.org