

APPLICATION FOR PERMIT- TOWN OF COVENTRY, CT

PERMIT # _____

ZONING PERMIT# _____

Permit type- Building Plumbing Mechanical Electrical Gas Zoning

Address of Job (street name and No.#)		
Property Owner	Address (if different)	Telephone #
Applicant/Contractor	Address	Telephone #
Lic.# , Type, Exp. Date	Name & Contact No.# of person to contact for Questions & Upon Approval	

Residential Commercial Industrial Public Specific Use _____ Zone _____

Description of Proposed Activity: _____

SIZE OF PROPOSED STRUCTURE:

of Stories _____ Height _____ Depth _____ Front _____ Total New Floor Area _____
 Lot Size _____

Documents Submitted/ Attached:

Health Permit Building Plans Plot Plans Manufacturer's Literature Heat Loss/Gain
 RESCHECK/COMCHECK

Flood Hazard Zone: _____ Yes _____ No _____ Inland Wetlands/Watercourses _____
 Agency, Commission or Board actions: _____ IWA _____ PZC _____ ZBA

TOTAL CONSTRUCTION VALUE (Contracted Price of Labor & Materials) _____

All work covered by this application have been authorized by the owner or agent of this property and will be done according to all State regulations. This permit will lapse/ expire if work does not commence within six months and is not continuously worked on. I hereby acknowledge that this permit requires inspections from the Building Officials

This permit, if issued, is based upon the plot plan submitted. Falsification by misrepresentation or failure to comply to comply with the conditions of approval of this permit shall constitute a violation of the Town of Coventry Zoning Regulations. Agents of the Town of Coventry are authorized to enter upon the property for the purpose of inspection and verification of compliance with the terms of this permit.

 Date Owner or Agent Signature

OFFICE USE ONLY BELOW THIS LINE

<u>VALUE</u>	<u>FEE</u>	<u>APPROVALS/DATE</u>
Construction _____	_____	Zoning _____
<input type="checkbox"/> Electrical		Wetlands _____
<input type="checkbox"/> Plumbing		Fire Marshal _____
<input type="checkbox"/> Heating		Sanitarian _____
Air Conditioning _____	_____	
Health Dept. (Plan / B-100/ Permit/ Soil)	_____	
Zoning _____	_____	
Fire Marshal. (Plan review/ Permit)	_____	
Demolition _____	_____	
Other _____	_____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
TOTAL _____	_____	
USE GROUP _____	TYPE OF CONSTRUCTION _____	Date _____ Building Official _____ TAXES VERIFIED _____

APPLICATION FOR PERMIT- TOWN OF COVENTRY, CT

PERMIT # _____

ZONING PERMIT# _____

Permit type- Building Plumbing Mechanical Electrical Gas Zoning

Address of Job (street name and No.#)		
Property Owner	Address (if different)	Telephone #
Applicant/Contractor	Address	Telephone #
Lic.# , Type, Exp. Date	Name & Contact No.# of person to contact for Questions & Upon Approval	

Residential Commercial Industrial Public Specific Use _____ Zone _____

Description of Proposed Activity: _____

SIZE OF PROPOSED STRUCTURE:
 # of Stories _____ Height _____ Depth _____ Front _____ Total New Floor Area _____
 Lot Size _____

Documents Submitted/ Attached:
 Health Permit Building Plans Plot Plans Manufacturer's Literature Heat Loss/Gain
 RESCHECK/COMCHECK

Flood Hazard Zone: _____ Yes _____ No _____ Inland Wetlands/Watercourses _____
 Agency, Commission or Board actions: _____ IWA _____ PZC _____ ZBA _____

TOTAL CONSTRUCTION VALUE (Contracted Price of Labor & Materials) _____

All work covered by this application have been authorized by the owner or agent of this property and will be done according to all State regulations. This permit will lapse/ expire if work does not commence within six months and is not continuously worked on. I hereby acknowledge that this permit requires inspections from the Building Officials

This permit, if issued, is based upon the plot plan submitted. Falsification by misrepresentation or failure to comply to comply with the conditions of approval of this permit shall constitute a violation of the Town of Coventry Zoning Regulations. Agents of the Town of Coventry are authorized to enter upon the property for the purpose of inspection and verification of compliance with the terms of this permit.

 Date Owner or Agent Signature

OFFICE USE ONLY BELOW THIS LINE

<u>VALUE</u>	<u>FEE</u>	<u>APPROVALS/DATE</u>
Construction _____	_____	Zoning _____
<input type="checkbox"/> Electrical	_____	Wetlands _____
<input type="checkbox"/> Plumbing	_____	Fire Marshal _____
<input type="checkbox"/> Heating	_____	Sanitarian _____
Air Conditioning _____	_____	
Health Dept. (Plan / B-100/ Permit/ Soil)	_____	
Zoning _____	_____	
Fire Marshal. (Plan review/ Permit)	_____	
Demolition _____	_____	
Other _____	_____	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
TOTAL _____	_____	
USE GROUP _____	TYPE OF CONSTRUCTION _____	Date _____ Building Official _____ TAXES VERIFIED _____

EASTERN HIGHLANDS HEALTH DISTRICT

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A SEWAGE DISPOSAL SYSTEM

To the Director of Health, Eastern Highlands Health District: I hereby apply for a permit to construct a sewage disposal system for a :
[] Residence [] Accessory Building [] Commercial Building [] Other

LOCATED AT (street address) _____

TOWN _____

Owner's Name _____ Phone# _____

Owner's Address _____
(street address, city, zip code)

Applicant's Name _____ Phone # _____

Applicant's Address _____

Applicant's Email Address _____
(street address, city, zip code)

Applicant's Signature _____ Date: _____

Installer's Name _____ Company Name _____
(print)

Installer's Address _____ Phone # _____
(street address, city, zip code)

Installer's Email Address _____

License # _____ Expiration Date _____ Installer's Signature _____ Date _____

GENERAL INFORMATION

1) Residential use, # of bedrooms _____ Non-residential use, design flow (gpd) _____

2) Water supply: Public [] Private well [] Type of well _____

3) New Septic System (complete) [] Repair: Tank and Field [] Tank only [] Field only []

Other minor repair or alteration (describe) _____

4) **A PLAN DESCRIBING SYSTEM AND PROPOSED WORK MUST BE ATTACHED TO THIS APPLICATION.**
System designed by: _____

5) Description of System and Proposed Work:
Tank Type _____ Capacity (gallons) _____

Leaching System: Total square feet of effective leaching area provided _____

Type of trench or structure _____

Other: _____

OFFICE USE ONLY BELOW THIS LINE

ENGINEERED PLAN: Y N DESIGN PLAN APPROVED: Y N INSTALLERS ID VERIFIED: Y N

PLAN DATE: _____ REVISION DATE: _____

Permission is hereby granted to the above referenced installer for the construction or repair of a sewage disposal system serving the property at the above referenced address in accordance with the description as outlined in the attached application and approved plan.

Contractor shall call for inspections and meet all conditions as required below:

- Stakes and Benchmark inspection by EHHD prior to start of construction
- Inspection of stripped area for sewage disposal system by EHHD prior to filling
- Inspection of fill placement for sewage disposal system by EHHD
- Final inspection of completed sewage disposal system prior to backfill
- As-built plan by installer on EHHD form
- Current sieve analysis of select septic or C33 fill used
- _____

Fees: New/Repair \$160.00
Minor Repair \$75.00
Checks Payable to EHHD
Coventry: "Town of Coventry"
Tolland: "Town of Tolland"

APPROVED _____ Date _____ Permit # _____

(Signature of Director of Health or Registered Sanitarian)

FEES ARE NON-REFUNDABLE

Fee _____ Date _____ Check Number: _____ Receipt Number _____

Contractor (W/ Contact)		Date:
Contractor Address		
Contractor Phone #s		
Bonding Status	Insurance Status	

Driveway Location	
(Street Address and/or Lot # in Subdivision)	
Name of Homeowner	Phone #

NOTE: CONFER WITH THE ZONING ENFORCEMENT OFFICER FOR ALL INTERIOR DRIVEWAY ALTERATIONS TO THE PROPERTY FOR ZONING COMPLIANCE.

Curbcut / Driveway Apron Dimensions

New Apron <input type="radio"/>	A Apron Opening	B Driveway Width	C Apron Depth	D Grade (Streetline to Gutter)	R Radii
Repair <input type="radio"/>					
Proposal					

~ ALL PERMITS MUST INCLUDE A SKETCH ~

	A	B	C	D	R
Recommended Dimensions					

Comments:

Reviewed By:	Date:
<input type="radio"/> Permit Approved <input type="radio"/> Permit Not Approved <input type="radio"/> Other (see comments)	

Comments:

Inspected By:	Date:
Driveway Apron Accepted Y N	Date: