

TOWN OF EASTON  
BUILDING DEPARTMENT  
NEW HOME PERMIT

225 CENTER ROAD

EASTON, CT 06612

(203) 268-6291

[www.eastonct.gov](http://www.eastonct.gov)



# GUIDE FOR COMPLETION OF APPLICATION

HEALTH PERMIT APPLICATION FOUND ON THE ASPETUCK HEALTH DISTRICT SITE

<https://aspetuckhd.org>

CALL (203)227-9571 ext.221 WITH ANY QUESTIONS

- **\*YOU MUST OBTAIN HEALTH APPROVAL BEFORE SUBMITTING ANY APPLICATIONS**

**\*Contact Department of Public Works Before Beginning Any Work  
# 203-268-0714**

- Pre-construction conference with the Zoning Enforcement Officer is advised in cases where Soil Erosion and Sediment Control Plans are involved
- Health Permit, Zoning Permit, Wetlands Permit & Building Permit *(if applicable)* must be obtained before work is started *(P & Z Regulation Section 8100)*
- If applicable all driveway permits must be obtained from the Department of Public Works
- Soil Erosion & Sediment Control plan must be submitted when the total disturbed area of the proposed development is cumulatively more than ½ acre

## **CERTIFIED PLOT PLAN MUST SHOW**

- All existing & proposed building(s) including, FRONT, SIDE & REAR SETBACKS for each building
- Location & expanse of wetland, ponds & watercourses on premise & on adjoining property to a distance of 200ft
- Location of driveway(s) & existing purposed contours of land if grading change is proposed
- Abutting property owners including those on the opposite side of the public highway (names & addresses)

## **Notice Easton Regulation – Sections 8110, 8120 & 8130**

*The applicant or authorized agent shall upon completion of foundation walls submit to zoning a survey prepared by a certified & licensed land surveyor. It must show the actual location of the foundation walls on the lot. No structure or building shall thereafter be constructed above the foundation walls until the plot plan survey complying with the pertinent provisions of the certificate of zoning compliance and regulations has been approved by zoning*

## CHECK LIST

**\*\*\*HEALTH PERMIT APPLICATIONS MUST BE SUBMITTED AND APPROVED BEFORE SUBMITTING THIS PERMIT APPLICATION PACKAGE**  
<https://aspetuckhd.org>  
203-227-9571 ext.221

**\*\*\*CALL DEPARTMENT OF PUBLIC WORKS  
BEFORE SUBMITTING ANY NEW SINGLE FAMILY RESIDENCE PERMIT APPLICATION**  
203-268-0714

- 2 COPIES REQUIRED (1) ORIGINAL PACKET (1) COPY
- 2 COPIES OF CERTIFIED PLOT PLAN (MUST DRAW IN STRUCTURE AND ANY MECHANICALS TO SCALE (1"=20')
- ALL SURVEYS FOR STRUCTURES 200sf or GREATER MUST INCLUDE STORMWATER MANAGEMENT DATA PER EASTON ZONING REGULATION 6500
- CHECK MUST BE SUBMITTED FOR APPLICATION REVIEW
- CALL 203-268-6291 X. 120 for FEE AMOUNT

### STEP 1 : ASPETUCK HEALTH DEPARTMENT

- ALL HEALTH PERMIT APPLICATIONS: [ASPETUCKHD.ORG](https://aspetuckhd.org)
  - HEALTH QUESTIONS CALL: # 203-227-9571 ext. 221
  - FOR AS BUILT OR OTHER REQUESTS : [FILESEARCH@ASPETUCKHD.ORG](mailto:FILESEARCH@ASPETUCKHD.ORG)
  - ASPETUCK HEALTH DISTRICT LOCATED AT: [180 BAYBERRY LANE, WESTPORT, CT 06880](#)
- SUBMISSION OF ALL HEALTH PERMITS ARE DONE THROUGH THE WESTPORT OFFICE

### STEP 2: DRIVEWAY & ROAD OPENING PERMITS MUST BE OBTAINED FROM DPW 203-268-0714 BEFORE ANY PERMIT IS REVIEWED

Planning & Zoning & Building Permit Applications MUST be submitted AT THE SAME TIME Along With Documentation of Health Approval to the Building Department for Processing.

### STEP 3: PLANNING & ZONING DEPARTMENT

- CERTIFIED PLOT PLAN- SIGNATURE LETTER
- SOIL EROSION & SEDIMENT CONTROL REGULATIONS LETTER
- FILL OUT ZONING PERMIT APPLICATIONS COMPLETELY & SIGN

***NO SIGNATURE NO ACCEPTANCE***

### STEP 4: BUILDING DEPARTMENT

- COMPLETE BUILDING PERMIT APPLICATION
- INCLUDE A COPY OF YOUR CONTRACTING OR MECHANICAL LICENSE & WORKMAN'S COMP INSURANCE
- IF YOU DO NOT HAVE WORKMAN'S COMP, YOU MUST FILL OUT A **7B** FORM AND HAVE IT NOTARIZED (THE 7B CAN BE FOUND ON THE [EASTONCT.GOV](http://EASTONCT.GOV) SITE UNDER BUILDING)
- CALL THE BUILDING DEPARTMENT TO GET THE PERMIT FEE AMOUNT
- MAKE CHECK PAYABLE TO: "TOWN OF EASTON"
- PERMITS WILL NOT BE PROCESSED WITHOUT PAYMENT AND NO PERMITS CAN BE SUBMITTED VIA EMAIL

APPLICATION FORM MUST BE FILLED IN COMPLETELY AND MAILED OR DELIVERED TO TOWN ENGINEER'S OFFICE: 15 WESTPORT ROAD, EASTON, CT 06612		<b>TOWN OF EASTON CONNECTICUT DRIVEWAY PERMIT APPLICATION</b>		D.W. NO. _____  DATE REC'D _____	
APPLICATION IS HEREBY MADE FOR A PERMIT TO (describe and include materials to be used):					
STREET NO.		ROAD NAME		LOT NO.	
SHOW SKETCH OF PROPOSED WORK			START DATE _____, 20____ COMPLETION DATE _____, 20____		
Complete Plans and Specifications must be submitted for major encroachment permits. On other work a careful sketch shall be shown in area provided.					
NAME OF PROPERTY OWNER			CALL BEFORE YOU DIG TICKET # _____		
ADDRESS			CERTIFICATE OF INSURANCE MUST ACCOMPANY THIS APPLICATION. INSURANCE REQUIREMENTS SHALL BE IN THE AMOUNT SPECIFIED BY THE TOWN.		
TOWN			PHONE _____ FAX _____		
CONTRACTOR			I AGREE TO PERFORM THE WORK ACCORDING TO THE REGULATIONS OF THE TOWN OF EASTON. I SHALL NOTIFY THE TOWN PUBLIC WORKS OFFICE (268-0714) AT LEAST 48 HOURS IN ADVANCE OF STARTING WORK, AND THE POLICE DISPATCHER THE DAY OF DOING THE WORK. 268-4111.		
COMPANY			SIGNED: _____		
ADDRESS			DATED: _____		
TOWN			DRIVEWAYS MUST BE PROPERLY COMPLETED OR BONDED* AND TOWN ENGINEER ADVISED TO PREVENT DELAYS IN ISSUING CERTIFICATES OF OCCUPANCY.		
EMAIL			PHONE _____ FAX _____		
ISSUE PERMIT TO			*Only allowed during non-paving season		
ADDRESS			<b>WORK CANNOT START UNTIL AUTHORIZED IN WRITING BY THE TOWN ENGINEER.</b>		
TOWN			PHONE _____ FAX _____		
OFFICE USE ONLY		BOND AMNT.		TYPE BOND	
FEE PAID		CHECK #			
PERMISSION IS HEREBY GRANTED TO PROCEED ON THIS _____ DAY OF _____, 20____					
AUTHORIZED SIGNATURE / TOWN OF EASTON _____					

yellow copy - town engineer    white copy - permittee    pink copy - building dept.

**PERMIT MUST BE ON THE JOB SITE  
DURING CONSTRUCTION**







## PLANNING AND ZONING COMMISSION

225 Center Road - Easton, Connecticut 06612

Telephone: (203) 268-6291

Town Website: eastonct.gov

### ZONING PERMIT APPLICATION

- Aspetuck Health Dept. approval with approved site plan required with submission
- Site Plan\* (3 copies) showing proposed location
- Floor Plans/Elevations (3 copies) as required to show compliance with Regulations (i.e. Area, Height, etc.)
- Completed Inland Wetland Determination Form
- If applicable, a Driveway Permit from DPW
- Letter of Authorization if Applicant is not Owner
- Application **MUST** be complete in its entirety
- Check to the "Town of Easton" w/address in memo

#### Office Use Only

Date Submitted: \_\_\_\_\_

Application #: \_\_\_\_\_

Zoning Permit Fee\*: \$ \_\_\_\_\_

\* \$1.50 per \$1,000 of Construction (\$25 min.)

State Land Use Fee: + \$ 60.00

CZC Inspection Fee: + \$ 25.00

Total Fee Due: \$ \_\_\_\_\_

*\* Improvement Location Survey by a surveyor licensed in the State of Connecticut; this requirement may be waived if an as-built survey is on file and it can be clearly established and verifiable in the field, to the satisfaction of the Zoning Enforcement Officer, that the proposed work will not be within the setback area*

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_

Map No./Subdivision: \_\_\_\_\_ Vol./Pg.: \_\_\_\_\_ Variance Vol./Pg.: \_\_\_\_\_

Zoning District: ☐ A (R1) ☐ B (R3) Lot Size: \_\_\_\_\_ Sq. Ft. / Acres

Type of Construction: ☐ New ☐ Alteration ☐ Addition ☐ Renovation ☐ Conversion

Type of Structure: ☐ Residential ☐ Accessory Structure ☐ Pool ☐ Other

Description of Project: \_\_\_\_\_

Proposed Setbacks to Structure: Front - \_\_\_\_\_ ft; Sides - \_\_\_\_\_ ft/ \_\_\_\_\_ ft; Rear - \_\_\_\_\_ ft

Is activity in the 100 Year Flood Plain: ☐ Yes ☐ No

Estimated Construction Cost: *Structure Cost* \$ \_\_\_\_\_ (Same cost on Building Permit)

*Mechanical Cost* \$ \_\_\_\_\_ (Sum of all Mechanical Permits)

*Cost of Other Improvements* \$ \_\_\_\_\_ (i.e. sitework, driveway, etc.)

**TOTAL CONSTRUCTION COST** \$ \_\_\_\_\_ (sum of above costs)

I, the undersigned, hereby consent to necessary and proper inspection of the subject premises by a representative of the Planning and Zoning Commission, at reasonable times, both before and after any permit applied for has been granted by the agency. Further, I hereby certify that the above answers are correct and true and that I shall conform to the requirements of the Easton Zoning Regulation.

Owner Signature: \_\_\_\_\_ DATE \_\_\_\_\_ Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ DATE \_\_\_\_\_ Print Name: \_\_\_\_\_



# **TOWN OF EASTON**

## **PLANNING & ZONING**

DATE: \_\_\_\_\_

ZONING # \_\_\_\_\_

Location Address: \_\_\_\_\_

### **ZONING PERMIT APPLICATION NEW CONSTRUCTION EROSION & SEDIMENT CONTROL AGREEMENT**

*I, HEREBY agree to adhere to the Easton Zoning Regulations regarding Soil, Erosion & Sedimentation Control as follows for the location stated above:*

- *Land disturbance will be kept to a minimum; scheduling re-stabilization A.S.A.P*
- *Hay bale filters will be installed at all culvert outlets & along the toe of all critical cut & fill slopes*
- *Culvert discharge areas will be protected with rip-rap channels & energy dissipaters will be provided if necessary*
- *Protect all catch basins with bay hale filters throughout construction & until area is thoroughly stabilized*
- *Erosion & Sediment Control measures will be in accordance with standards & specifications of the Erosion & Sediment Control Handbook*
- *Erosion & Sediment control measures will be installed prior to construction if possible*
- *Control measures will be maintained in effective condition throughout construction*
- *Additional control measures will be installed during construction if necessary*
- *Sediment removed from control structures will be disposed consistent with the intent of the plan*
- \_\_\_\_\_, is assigned responsibility for implementing Erosion & Sediment Control Plan which includes, Installation & Maintenance Control Measures informing ALL parties engaged on the construction side of the requirements & objectives of the plan, notifying P&Z office #203-268-6291 of any transfer of this responsibility, and for conveying a copy of the Erosion & Sediment Control Plan if title to land is transferred.

Applicant Signature \_\_\_\_\_

Date: \_\_\_\_\_

Owner Signature \_\_\_\_\_

Date: \_\_\_\_\_

### **PLOT PLAN AGREEMENT**

*I, HEREBY acknowledge the requirements of Section 8120 of the TOWN OF EASTON, ZONING REGULATIONS with regard to plot plans:*

- *Upon completion of the foundation walls or other solid supporting sub-structure and NO LATER than the scheduled inspection date for a back-fill inspection by The Building Department I will comply with referenced regulations*
- *A CERTIFIED PLOT PLAN must meet the requirements of a LOCATION SURVEY as defined in THE CONNECTICUT STATE, "STANDARDS FOR SURVEY AND MAPS" published by the CONNECTICUT ASSOCIATION OF LAND SURVEYORS*

*I, HEREBY acknowledge that prior to the issuance of a Certificate of Zoning Compliance, I must submit an IMPROVEMENT LOCATION SURVEY defined by the above reference standards.*

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PERMIT #**

**TOWN OF EASTON**

**BUILDING DEPARTMENT**

☐ Worker's Comp Ins.

or

☐ 7B (included)

**JOB ADDRESS:**

**Contact #**

**Owners Name:**

**Owner Email:**

I, \_\_\_\_\_, hereby certify that I am the Owner or Authorized Agent of the Owner of the Property herein described and duly authorize, \_\_\_\_\_ on my behalf to execute an application for Building & Zoning permits and/or approval on my property.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Contractor Name:**

**Contact #**

**Business Address:**

**City:**

**State:**

**Zip**

**Registration No.**

**Expiration Date:**

**C.B.Y.D. No.:**

**Email:**

**JOB DESCRIPTION:** (describe on lines below put square footage if applicable)

**JOB COST:**

*Note: Estimated Job Cost Does Not Include Mechanicals. Mechanical Permits Are Priced Separately*

I, THE UNDERSIGNED, hereby affirm and attest that I am familiar with the requirements & provisions of the CONNECTICUT STATE BUILDING CODES and Ordinances of the TOWN OF EASTON as they apply to the work described above, and I agree to satisfy those requirements in every portion of that work, and to give the applicable local & state requirements precedence over other written specification, drawings and instructions. I further agree to cooperate with and assist the Officials of the TOWN OF EASTON in their inspections of this work, and in the enforcement of applicable local and state codes and regulations. This permit will expire unless the work is commenced within 180 days.

I authorize the TOWN OF EASTON to properly dispose of all residential construction plans two years after issuance of the Certificate of Occupancy unless written request is submitted to the Building Department within that time.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS SECTION TO BE FILLED OUT BY PLAN REVIEWER**

<b>ESTIMATED JOB COST</b>	\$
<b>BUILDING PERMIT FEE</b>	\$
<b>CERTIFICATE OF OCCUPANCY FEE</b>	\$
<b>ADMINISTRATION FEE</b>	\$
<b>TOTAL</b>	\$

**BUILDING OFFICIAL SIGNATURE:**

**DATE ISSUED:**





# TOWN OF EASTON

## BUILDING DEPARTMENT

225 Center Road, Easton, CT 06612

Telephone: 203-268-6291

Building Official: Peter Howard

PERMIT # \_\_\_\_\_

2022 Connecticut State Building Code IRC R-313 With Amendments & Connecticut State Statutes

JOB ADDRESS: \_\_\_\_\_

When alterations or additions requiring, a building permit occur or when one or more sleeping rooms are added or created in existing buildings, the entire building shall be provided with smoke detectors and carbon monoxide detectors located as required for new dwelling units.

**SMOKE DETECTORS & CARBON MONOXIDE DETECTORS SHALL BE INSTALLED IN THE FOLLOWING LOCATIONS:**

<b>SMOKE DETECTORS</b>	MUST BE IN EACH SLEEPING ROOM
<b>SMOKE DETECTORS</b>	IN EACH STORY WITHIN THE DWELLING UNIT, INCLUDING BASEMENTS
<b>CARBON MONOXIDE DETECTORS</b>	OUTSIDE EACH SLEEPING AREA IN THE IMMEDIATE VICINITY OF
<b>CARBON MONOXIDE DETECTORS</b>	IN EACH STORY WITHIN THE DWELLING UNIT

☐ Homeowner    ☐ Permit Holder (check one)

I Agree to Comply with Above Code Requirements,

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **TOWN OF EASTON**

225 Center Road, Easton, CT 06612

ALL APPLICANTS FOR **BUILDING AND ZONING PERMITS** MUST  
NOTIFY THE AQUARION  
WATER CO. WITHIN **7 DAYS** OF APPLICATION, WHERE THERE IS  
LAND DISTURBANCE  
WITHIN THE **PUBLIC WATER SUPPLY WATERSHED.**

**PLEASE INCLUDE A COPY OF THIS NOTICE WITH YOUR  
APPLICATION AS WELL AS A COPY OF CERTIFIED RECEIPT.**

**SEND NOTICE BY CERTIFIED MAIL TO**

Joe Welsh  
Aquarion Water Co.  
714 Black Rock Turnpike  
Easton, CT. 06612

# TOWN OF EASTON

## Easton Public Works Department

15 Westport Rd, Easton, CT 06612

**THIS IS NOT A DRIVEWAY PERMIT**  
**THIS MUST BE FILLED OUT & SIGNED**

As part of the process for obtaining a building permit, certain driveway permits, a road opening permit, or certain permits from the Town, the property owner & general contractor are notified that

**THE UNLOADING & LOADING OF CONSTRUCTION MACHINERY INCLUDING, BUT NOT LIMITED TO TRACK MACHINERY ON TOWN ROADS SO AS TO DAMAGE THE ROAD, CURBING, OR OTHER TOWN PROPERTY IS PROHIBITED.**

Please note that the homeowner and the contractor ***WILL BE RESPONSIBLE*** for any & all damages to the road, curbing, or other Town property.

Final approval of any work covered by a permit will not be made until any damage has either been repaired to satisfaction of the Town or payment for such damage has been made. In the event that you believe there is pre-existing damage for which you as the property owner or general contractor should not be responsible, it is your responsibility to notify the Town prior to unloading and loading any construction equipment so that verification of pre-existing damage can be documented by an employee of, Easton Public Works Department.

Property Location: \_\_\_\_\_

**WE HAVE READ & UNDERSTAND & ACCEPT THE CONDITIONS OF THIS NOTICE**

### **PROPERTY OWNER**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### **GENERAL CONTRACTOR**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_