



**City of Danbury**  
 155 Deer Hill Ave  
 Danbury, CT 06810

For Questions Please Contact the Permit Office at (203) 796-1653

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

**COMMERCIAL PERMIT APPLICATION**  
**New Construction • Additions • Change of Use • Interior Alterations**

Use the following table for departmental areas of the application that need to be completed for your specific project

Type of Project	Engineering	Food Service (Health)	Grading (Health)	Fire Marshal	Zoning	Highway	Building
*New Construction Cell Tower	No	N/A	Yes	Yes	Yes	Yes	Yes
*New Construction Restaurant / Food Service	Yes	Yes	Yes	Yes	Yes	Yes	Yes
*New Construction Commercial	Yes	Possible	Yes	Yes	Yes	Yes	Yes
*New Construction Hotel & Motel	Yes	Yes	Yes	Yes	Yes	Yes	Yes
*Addition Commercial	Yes (if change in fixture value)	Possible	Possible	Yes	Yes	Possible	Yes
**Change of Use w/or Interior Alterations	Yes (if change in fixture value)	Possible	No	Yes	Yes	N/A	Yes

*Table to be used as a guide only. Departments can require permit at their discretion.*

- \* Site plan or Special Exception approval **will** be required prior to filing for permits
- \*\* Site plan or Special Exception approval **may** be required prior to filing for permits

Assessor's lot #: \_\_\_\_\_ Town Clerk Map #: \_\_\_\_\_ Town Clerk Lot #: \_\_\_\_\_

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

Zone Code: \_\_\_\_\_ Application Date: \_\_\_\_\_

Total Estimated Construction Value: \_\_\_\_\_

Total Square Footage: \_\_\_\_\_ Private or Public Building: \_\_\_\_\_

Work Description:

***This Section to be filled out by City Personnel Only!***

Code Enforcement Actions Pending? YES NO Describe: \_\_\_\_\_

Taxes, Water or Sewer Overdue? YES NO Describe: \_\_\_\_\_

Application # Assigned? \_\_\_\_\_

**PROJECT ROSTER:**

Please list the following information for all Professionals and Contractors:

NAME, LICENSE NO., COMPANY, TELEPHONE, FAX, E-MAIL. \*Licenses are required to be presented at Counter.

Owner's Agent (letter required from home owner permitting agent to represent them)

General Contractor / Construction Manager: Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_ License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Plumbing Contractor: \_\_\_\_\_ License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Mechanical/HVAC Contractor: \_\_\_\_\_ License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Sprinkler Contractor: \_\_\_\_\_ License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Fire Alarm Contractor: \_\_\_\_\_ License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Sewer Service Installer (Plumber): \_\_\_\_\_ License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Water Service Installer (Plumber): \_\_\_\_\_ License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**STRUCTURE INFORMATION**

Number of Structures & Uses: \_\_\_\_\_

Miscellaneous Information: \_\_\_\_\_

Structure Description: \_\_\_\_\_

Construction Type: \_\_\_\_\_ Occupancy Type (Use Group): \_\_\_\_\_ Roof Type: \_\_\_\_\_

# Elevators: \_\_\_\_\_ Standpipes: \_\_\_\_\_ Lowest Floor Elevation: \_\_\_\_\_

Flood Zone  Yes  No Base Flood Elevation: \_\_\_\_\_

Flood Map # & Date: \_\_\_\_\_

**ZONING INFO:** *See Sheet D for Zoning Requirements*

Is project located in a Wetland or Watershed area? (Yes) (No)

If yes explain: \_\_\_\_\_

Any Previous Commission Approvals? (Yes) (No)

If Yes give approval number, date then describe: \_\_\_\_\_

Change of Use:  Yes  No If Yes: Existing Use: \_\_\_\_\_

Proposed Use: \_\_\_\_\_

Height of Bldg. & Stories: \_\_\_\_\_ Size of addition or structure (L\*W) & (sq.ft.): \_\_\_\_\_

Lot Size (sq.ft.): \_\_\_\_\_ Total Site Building Coverage (sq.ft.): \_\_\_\_\_

Building Coverage (sq.ft.): \_\_\_\_\_

Front Yard Setbacks: \_\_\_\_\_ Side Yard Setbacks: \_\_\_\_\_ , \_\_\_\_\_ Rear Yard Setbacks: \_\_\_\_\_

**Fire Marshal Info:**

CT Fire Safety Code Occ.: \_\_\_\_\_ Fire Alarm System: \_\_\_\_\_

Fire Protection Agent: \_\_\_\_\_ Fire Suppress / Sprinkler: \_\_\_\_\_

Fire Construction Code per NFPA 220: \_\_\_\_\_

**Health Department Info: Food Service:**

\* Note: Operating License application / fees and Qualified Food Operation documentation to be submitted directly to the Health Dept. prior to pre-operational inspection.

Public Water available: (Yes) (No) Public Sewer available: (Yes) (No)

Existing structure served by: (Well) (Septic System) (Sewer) (Community Well)

**ENGINEERING/PUBLIC UTILITY INFO**

(Please fill in Water and Sewer information if Utilities are involved in project):

List the name of to whom Bill will be sent if different from applicant:

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

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

The above named applicant agrees that, if permission is granted by the Sewer Department of the City of Danbury to use sewer for the described purpose he will abide by all ordinances, rules and regulations of the City of Danbury. The applicant should in particular pay notice to Section 17-46 "Indemnification of City from loss" and Section 17-56 "Insurance requirements", of these ordinances.

An excavation permit must also be obtained from the proper authorities. **No road openings are permitted between December 1<sup>st</sup> and March 1<sup>st</sup> as per ordinance of the City of Danbury Section 17-61.**

**Water Info:**

If meter pit is required please contact Public Utilities office prior to service line installation.

List total # of Fixtures proposed & existing:

Fixtures	Fixture Value		Total # of Fixtures		Total Fixture Value
Bathtubs	8	X		=	
Drinking Fountain – cooler	1	X		=	
Kitchen Sink – 3/8" connect	3	X		=	
Bathroom Sink-3/8" connect	2	X		=	
Shower Stalls	4	X		=	
Comm. Service Sink – 1/2" connect	3	X		=	
Comm. Service Sink – 3/4" connect	7	X		=	
Urinal – Wall Flush	12	X		=	
Toilet – Flush Valve	35	X		=	
Toilet – Tank Type (Residential)	3	X		=	
Dishwasher – 1/2" connect	5	X		=	
Dishwasher – 3/4" connect	10	X		=	
Washing Machine – 1/2" connect	5	X		=	
Hose Connection (wash down) – 1/2" connection	6	X		=	
Hose Connection (wash down) – 3/4" connection	10	X		=	
List other uses:		X		=	

**Fixture Value Total** \_\_\_\_\_

Approved Sizes:

Corporation: \_\_\_\_\_ in.  
 Curd valve: \_\_\_\_\_ in.  
 Service line: \_\_\_\_\_ in.  
 Meter: \_\_\_\_\_ in.

Required:

Water Meter Pit: (Yes) (No)  
 Detector Check: (Yes) (No)  
 Meter Pit: (Yes) (No)

Water Reduced Pressure Devices: \_\_\_\_\_ Fire Service Detector Check/Valve: \_\_\_\_\_

**Cross Connection & Meter Size Section.** Please check Yes or No:

- |  |       |      |
|--|-------|------|
| 1. Is your boiler treated with any type of solution?                       | (Yes) | (No) |
| 2. Do you have any water cooled machinery?                                 | (Yes) | (No) |
| 3. Do you have any water cooled air-conditioning units?                    | (Yes) | (No) |
| 4. Are there any pumps connected to water lines or your internal plumbing? | (Yes) | (No) |
| 5. Is your premises also connected to a private source of water?           | (Yes) | (No) |
| 6. Do you have a water storage tank?                                       | (Yes) | (No) |
| 7. Do you have a solar collector?  | (Yes) | (No) |

**Sewer Info:**

Length of service: \_\_\_\_\_ Size of service: \_\_\_\_\_

**Grading:** *Please see Sheet A for Conditions of Approval*

\* All structures that meet the "Regulated Activity" definition in the Wetland & Watercourse Regulations need to be reviewed by the Environmental Inspector for the potential need of EIC of Grading Permit.

Total Area to be Graded: \_\_\_\_\_ Total Amount of Cuts/Fill (cu.yds.): \_\_\_\_\_

Will Development Create Greater than 1 Acre of Impervious Surface? (Yes) (No)

If Yes Amount Created (sq. ft.): \_\_\_\_\_



**BUILDING INFO:**

*Please see Sheet C for Conditions for Permit and Inspection Order*

*\*Please complete Workman's Compensation Form*

Building Inspections which result in a failure may incur an additional \$25.00 fee for each reinspection.

**Sec.6-02(a) (2) of the Code of Ordinances, Danbury, Connecticut**

"Additional inspections shall be performed for an additional fee of Twenty Five Dollars (\$25.00) per inspection. Each separate trip to the site shall be deemed to be a separate inspection. Such additional fees shall be due and payable prior to the issuance of a certificate of occupancy."

**As of January 23, 2002 the Building Department of the City of Danbury will be strictly enforcing the above referenced section.**

\_\_\_\_\_  
Owner/Agent Signature Date

Footing Widths: \_\_\_\_\_ Footing Thickness: \_\_\_\_\_

Foundation Walls Depth \_\_\_\_\_ Foundation Walls Thickness: \_\_\_\_\_

Footing Material: \_\_\_\_\_ Foundation Wall Material \_\_\_\_\_

Exterior Wall finish: \_\_\_\_\_ Exterior Wall Thickness: \_\_\_\_\_

Interior Wall Finish: \_\_\_\_\_ Interior Wall Thickness: \_\_\_\_\_

Insulation Type: \_\_\_\_\_ Insulation R Value Walls: \_\_\_\_\_

Insulation R Value Floor: \_\_\_\_\_ Insulation R Value Ceiling: \_\_\_\_\_

Type of Ceiling: \_\_\_\_\_ Floors: \_\_\_\_\_ Sill Size \_\_\_\_\_

Floor Joist Size \_\_\_\_\_ Lally Columns: \_\_\_\_\_ Plate Size: \_\_\_\_\_

Ceiling Joist Size \_\_\_\_\_ Roof rafters Size \_\_\_\_\_ Type of Heat \_\_\_\_\_

# of Chimneys: \_\_\_\_\_ Flue Size: \_\_\_\_\_ Roof Type (Hip, Shed, Etc.): \_\_\_\_\_

Roof Pitch: \_\_\_\_\_ Roof Covering: \_\_\_\_\_ Finished Basement Height: \_\_\_\_\_

Height of 1<sup>st</sup> Floor: \_\_\_\_\_ 2<sup>nd</sup> Floor: \_\_\_\_\_ 3<sup>rd</sup> Floor: \_\_\_\_\_ 4<sup>th</sup> Floor: \_\_\_\_\_

**Building Inspectors Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_