TOWN OF NEWTOWN BUILDING DEPARTMENT

Finished Basement
Permitting Package

PLEASE READ NEXT PAGE FOR PERMITTING PROCEDURES
PLEASE READ CAREFULLY BEFORE STARTING THE PROCESS

List of Required Documentation

☐ Complete the permit application packet in its entirety including the Combustion Air Calculation Sheet(s), the Finished Basement Required Information Form, and the Zoning & Health forms.

☐ Provide two (2) copies of the proposed building plans drawn to scale of the finished basement in addition to (2) copies of the existing floor plan.

☐ The Connecticut 7B Worker’s Compensation Form must be completed and notarized if proof of Worker’s Compensation isn’t provided.

☐ If the Applicant is not the Owner of the Property, the Letter of Authorization must be completed.

☐ Provide a copy of the Connecticut Home Improvement Contractor Registration/License if hiring a contractor.

☐ Permit fees will be collected by each department separately and to be paid by check or cash only. Checks are made payable to “Town of Newtown.”

Procedure to Follow to Submit a Permit Application for Review & Issuance

Only (2) copies of the proposed basement building plans, (2) copies of existing floor plan, and the completed permit application are required for the procedure below.

☐ 1st Stop: Health District / (203) 270-4291
   o Submit completed Health Department Permit Application provided in packet, and pay fee.
   o Present the two (2) copies of the proposed building plans with the (2) copies of the existing floor plan, and the Building Permit Application for signature by a Health Official.

☐ 2nd Stop: Land Use Agency / (203) 270-4276
   o Submit completed Zoning Permit Application provided in the packet, and pay fee.
   o Present the two (2) copies of the proposed building plans with the (2) copies of the existing floor plan, and the Building Permit Application for signature by a Zoning & Conservation Officer.

☐ 3rd Stop: Building Department / (203) 270-4260
   o Submit for review the two (2) department-signed proposed building plans with the (2) copies of the existing floor plan and the department-signed Building Department Permit Application.
   o The Building Department will call the Applicant when the Permit is ready to be issued and paid for. Once this main permit is paid for, the mechanical permits (HVAC, Electric, Plumbing, etc.) may be pulled. The mechanical permits are issued the same day with payment made by check or cash for each one.
TOWN OF NEWTOWN BUILDING DEPARTMENT
FINISHED BASEMENT - PERMIT APPLICATION

Permit No.:                                  Receipt No.:                                  Date Issued:

REQUIRED DEPARTMENTS TO SIGN OFF ON PERMIT APPLICATION

Health:                                    Zoning:                                    Conservation:

Is this structure in the Borough? Is this structure in the Hattertown District?
Is this structure a Historic Building designated by The State Historical Preservation Officer?

Approval Signature of Historic District Representative:

All refunds must be requested within 30 days of permit date if project under this permit is cancelled. Date:

Property Location Street Address:

COMPLETE OWNER’S CONTACT INFORMATION BELOW

Owner’s Name as it Appears in Land Records: Owner’s Email:

Owner’s Street Address:

Town/City: State: Zip Code:

Home Phone Number: Work Phone Number: Fax Number:

IF NOT THE OWNER, COMPLETE THE APPLICANT’S CONTACT INFORMATION

If the Applicant is not the Owner, a Letter of Authorization from the Owner will be required to pull this permit.

Applicant’s Name: Applicant’s Email:

Street Address:

Town/City: State: Zip Code:

Applicant’s Phone Number: Work Phone Number: Fax Number:

LICENSED CONTRACTOR INFORMATION

If the Contractor is pulling this permit, a Letter of Authorization from the Owner will be required.

Name of Contractor: Contractor’s Email:

Contractor’s Business Name:

Street Address: Contractor’s Phone Number:

Town/City: State: Zip Code:

Home Improvement Contractor License Number: HIC Expiration Date:

Provide a detailed description of work to be done below:

Will there be a change in use? YES / NO
Was work done without a permit? YES / NO
Is the structure within the 100 year flood plain? YES / NO
Flood Zone: 1

ESTIMATED CONSTRUCTION COST
(Minus Cost of Mechanicals) $

ESTIMATED COST OF MECHANICALS

Electrical Cost & Security Alarm Cost: Heating Cost: Pump Cost:

Plumbing Cost: A/C Cost: Gas/Propane Cost:
Please fill-in sub-contractor and contact telephone number below.

It is the responsibility of the property owner or the owner's agent to hire contractor(s) licensed by the State of Connecticut for each mechanical trade. The owner or owner's agent is required to get a signed Letter of Authorization by each contractor should the Owner or Owner's Agent be pulling a permit using the contractor's license.

<table>
<thead>
<tr>
<th>Trade</th>
<th>Name of Sub-Contractor/Company</th>
<th>Telephone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLUMBING</td>
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<td></td>
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<tr>
<td>ELECTRICAL</td>
<td></td>
<td></td>
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<tr>
<td>HEATING &amp; A/C</td>
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<tr>
<td>PUMP</td>
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<tr>
<td>L.P. GAS OR NATURAL GAS</td>
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<tr>
<td>ALARM</td>
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<tr>
<td>MASONRY</td>
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<tr>
<td>FIREPLACE INSERT</td>
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<tr>
<td>OTHER:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COMPLETE SINGLE-FAMILY RESIDENTIAL HOUSE INFORMATION BELOW

How many bedrooms? | How many rear decks?
How many bathrooms? | How many front decks?
Is there a finished basement? | How many side decks?
Is there a finished bonus room? | Is there a front porch?
Is there a screened-in porch? | Are there side porches?
Is there a 3-season room? | Is there a rear porch?

All applicable information must be filled in or this permit cannot be processed.

I hereby agree to conform to all of the requirements set forth by Connecticut State laws and the State of Connecticut Building Code in addition to the Ordinances of the Town of Newtown and to notify the Building Official of any alterations on the plans or specifications of the building for which this permit is asked. I agree that this building meets Town of Newtown Zoning & Conservation and the Health Department's setback from all street lines, side yard lines, well(s), septic(s), and the required distances from all other zones and is located in a zone which this building and its use are allowed.

Owner's Signature: ________________________________
Owner's Printed Name: ________________________________
Owner's Agent's Signature: ________________________________
Owner's Agent's Printed Name: ________________________________
Letter of Authorization – **Contractor to Sign**: Contractor giving authorization to the Homeowner/Property Owner permission to pull a permit using his/her State of Connecticut, Home Improvement Contractor’s License.

Newtown Building Department
3 Primrose Street
Newtown, CT 06470

To the Town of Newtown Chief Building Official:

I _______________________________________________ give ______________________________________ permission to obtain a/an ____________________________________________ permit using my Contractor’s License for work to be done at property location: _________________________________________________________.

Sincerely, Date:

__________________________________________

Letter of Authorization – **Homeowner/Property Owner to Sign**: Homeowner/Property Owner giving authorization to the Contractor permission to pull a permit at the Homeowner’s/Property Owner’s address of where the permit scope of work will be performed.

Newtown Building Department
3 Primrose Street
Newtown, CT 06470

To the Town of Newtown Chief Building Official:

I _______________________________________________ give ______________________________________ permission to obtain a building permit for a/an ____________________________________________ permit at my property location of: _________________________________________________________.

Sincerely, Date:

__________________________________________
OIL

NFPA 5.2.3: Where buildings are so tight that normal infiltration does not provide sufficient air for combustion, outside air shall be introduced. *(Buildings of unusually tight construction.)*

**NOTE:** In buildings of ordinary tightness, insofar as infiltration is concerned, all or a portion of the combination air for fuel-burning appliances may be obtained from infiltration when the room or space has a volume of **50 cubic feet per 1000 BTU's**, based on the total input rating of all appliances in the space.

NFPA 5.4.2.3: Where communicating with the outdoors directly or by means of vertical ducts, each opening shall have a free area of not less than **1 square inch per 4,000 BTU's**, based on the total input rating of all appliances in the space. Location 12 inches from the top and 12 inches from the bottom.

NFPA 5.4.2.4: Where communicating with the outdoors by means of horizontal ducts, each opening shall have a free area of not less than **1 square inch per 2,000 BTU's**, based on the total input rating of all appliances in the space. Location 12 inches from the top and 12 inches from the bottom.

NFPA 5.4.1: All air taken from inside the building shall be provided with two permanent openings, one near the top of the space and one near the bottom. Each opening shall have a free area of not less than **1 square inch per 1,000 BTU's**, based on the total input rating of all appliances in the space. Each opening shall communicate with interior area of the building that, in turn, have adequate infiltration from the outside. Location 12 inches from the top and 12 inches from the bottom.

GAS

CHAPTER 24 IRC: Gas Appliances combination air requirements are the same as oil except for one condition. Gas appliances are allowed to have **one-permanent opening method**.

G 2407.6.2: **One permanent opening method** – One permanent opening, commencing within 12 inches of top of enclosure, shall be provided. The opening shall directly communicate with the outdoors or through a vertical or horizontal duct to the outdoors and shall have a minimum free area of **1 square inch per 3,000 BTU’s**, based on the total input rating of all appliances located in the enclosure and not less than the sum of the areas of all vent connectors in the space.
TOWN OF NEWTOWN

COMBUSTION AIR EXPLANATION OF CALCULATION

Permit Number: ____________________ Address: ________________________

Combustion Air Calculation Forms are to be filled out to be issued a permit for the following:
1. All new homes
2. All finished basements
3. All boiler, furnace, and water heater replacements

What is the total gross BTU ratings for all fuel burning appliances?
   **Example:**
   2 furnaces at 100,000 BTU = 200,000 BTU's
   1 Water heater at 85,000 BTU = 85,000 BTU's
   Total: 285,000 BTU's

How many cubic feet are contained in the room that the appliances are located?
   **Example:** The room is 40' long by 28' wide by 7'6" high.
   Total: 8,400 cubic feet

The code requires a room to be 50 cubic feet for each 1,000 BTU's of appliances. *So in the above example, we have 285,000 BTU's so we would need 50 x 285 or 14,250 cubic feet. Therefore, for the above example, the room the boiler is in would be defined as a confined space and would require combustion air consideration and calculation.*

   a.) Where we get the air for combustion from will determine what size openings are required.

   b.) **If we are getting the air from an interior space,** we will need 1 square inch for each 1,000 BTU's of combined rating. For the above example, we will need each opening to be 285 square inches. One opening within 12 inches of the ceiling and one opening within 12 inches of the floor.

   c.) **If we are getting air directly from the outside through louvers,** we will need 1 square inch for each 4,000 BTU's. This will require 72 square inches, but the code has set 100 square inches as the minimum size opening for combustion air. Therefore, we will require 2 openings, 100 square inches each located as stated in (b.) above.

   d.) **If we are getting air from the outside through horizontal ducts,** we will require 1 square inch for each 2,000 BTU's. So for the above example, we will require 2 openings, each opening to be 285 divided by 2 = 143 square inches located as above.

*Remember, if an interior source is being used, the space we are getting the air from must meet the 50 cubic feet for each 1,000 BTU's rule also. The size of the boiler room can be combined with the size of the room that the air is being taken from to achieve this volume. All calculations must be approved by the Building Official.*
<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the finished ceiling height of basement area?</td>
</tr>
<tr>
<td>What is the lowest height of any girder, beam, duct, pipe, etc. when finished?</td>
</tr>
<tr>
<td>Where are the exits/entrances for this space located?</td>
</tr>
<tr>
<td>How many exits for this space?</td>
</tr>
<tr>
<td>Are stairs used to enter or exit this space?</td>
</tr>
<tr>
<td>What is the minimum headroom at the stairs?</td>
</tr>
<tr>
<td>What is the stair tread depth?</td>
</tr>
<tr>
<td>What is the stair riser height?</td>
</tr>
<tr>
<td>What is the height of the stairway handrails/guardrails?</td>
</tr>
<tr>
<td>What is the width of the stairway?</td>
</tr>
<tr>
<td>What is the use of the newly created space in the basement?</td>
</tr>
<tr>
<td>Fire stopping must be installed at code required locations.</td>
</tr>
<tr>
<td>Please show insulation values and locations.</td>
</tr>
<tr>
<td>Are there light switches at the top and bottom of all stairs?</td>
</tr>
<tr>
<td>Are any bedrooms created in this space?</td>
</tr>
<tr>
<td>If there are bedrooms, do any doors from the garage access the bedrooms?</td>
</tr>
<tr>
<td>If a bedroom was created, are smoke detectors &amp; egress window(s) shown?</td>
</tr>
<tr>
<td>Are smoke detectors shown in basement &amp; D/C smoke detectors shown where required by code in existing house?</td>
</tr>
<tr>
<td>How will the finished space of the basement be heated?</td>
</tr>
<tr>
<td>Is a bathroom part of this project?</td>
</tr>
<tr>
<td>Is a sewage ejector pump required?</td>
</tr>
<tr>
<td>How will this area be ventilated?</td>
</tr>
<tr>
<td>Are any structural changes being made?</td>
</tr>
<tr>
<td>Where are any electrical service panels or sub-panels located?</td>
</tr>
<tr>
<td>Are sill plates pressure treated?</td>
</tr>
</tbody>
</table>

Will combustion air be required? If so, the Calculations for Combustion Air form MUST be completed.

<table>
<thead>
<tr>
<th>Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner's Name:</td>
</tr>
<tr>
<td>Property Address:</td>
</tr>
<tr>
<td>Applicant's Printed Name:</td>
</tr>
<tr>
<td>Applicant's Signature:</td>
</tr>
</tbody>
</table>
TOWN OF NEWTOWN - BUILDING DEPARTMENT

CALCULATIONS FOR COMBUSTION AIR

ADDRESS OF PROPERTY: __________________________________________________________

OWNER'S NAME: ________________________________________________________________

What is the total combined gross BTU ratings of all appliances located in the boiler room or rooms?

What is the volume of this room? (Length x Width x Height):

Does the volume equal more than 50 cubic feet for each 1,000 BTU's of combined appliance ratings? If it does, combustion air is NOT required.

If the calculation result for the volume stated above is less than 50 cubic feet for each 1,000 BTU's of combined ratings, combustion air IS required.

How will compliance with combustion air be achieved? Check one below.

a.) Interior air. If interior air, what is the volume of the room the air is being taken from?__________

b.) Air directly from the exterior of the building through screened openings.

c.) Air directly from the outside through horizontal ducts.

What is the calculated size of each opening and the location of each opening?

<table>
<thead>
<tr>
<th>Opening #1</th>
<th>Size:</th>
<th>Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening #2</td>
<td>Size:</td>
<td>Location:</td>
</tr>
<tr>
<td>Opening #3</td>
<td>Size:</td>
<td>Location:</td>
</tr>
<tr>
<td>Opening #4</td>
<td>Size:</td>
<td>Location:</td>
</tr>
<tr>
<td>Opening #5</td>
<td>Size:</td>
<td>Location:</td>
</tr>
</tbody>
</table>

This completed form MUST be submitted as part of the Finished Basement Permit Application.

I attest that I have done the above-required calculations based on Chapter 17 of the 2003 International Mechanical Code Section of the 2003 International Residential Code.

FORM COMPLETED BY: ____________________________ SIGNATURE __________ DATE __________

________________________________________
PRINTED NAME / COMPANY NAME
FIGURE 5.4.1.1 Appliances Located in Confined Spaces
All Air Taken from Inside the Building.

FIGURE 5.4.2.2(a) Appliances Located in Confined Spaces
— All Air from Outdoors.

FIGURE 5.4.2.2(b) Appliances Located in Confined Spaces
— All Air from Outdoors Through Ventilated Attic.

FIGURE 5.4.3.1 Appliances Located in Confined Spaces, with Ventilation Air from Inside Building and Combustion Air from Outside, Ventilated Attic, or Ventilated Crawl Space.

Note: Ducts used for make-up air can be connected to the cold air return of the heating system only if they connect directly to outdoor air.

No. 1, 2, and 3 mark alternate locations for air from outdoors.

Provide attic ventilation louvers at each end of attic with alternate air inlet No. 1.
Provide crawl space ventilation louvers for unheated crawl space with alternate air inlet No. 3.
NEWTOWN DISTRICT DEPARTMENT OF HEALTH
APPLICATION FOR BUILDING PERMIT APPROVAL / SIGN OFF
This is not a Building Permit - A permit from the Building Department is required prior to construction.

Street Address of Proposed Project

Owner
Phone
Email

Contractor Name
Phone
Email

Contractor Address
Town
State
Zip Code

Lot Size
Septic and Well Information Provided:
Yes
No

This application must be accompanied by:
• A sketch/drawing showing relative distances to septic systems and wells and a code-complying area, if required
• A check made payable to Newtown Health District in the amount of:

FEES: circle appropriate fee:
$ 15.00  Accessory Structure (on ground or sonotube) shed, deck, gazebo, etc.
$ 25.00  Addition/Structure (requiring foundation/slab) not habitable
$ 50.00  Additions, habitable space
$ 50.00  Commercial Building/Space, per 1,000 square feet
$ 25.00  Commercial Building Fit-out
$ 25.00  Finished Basement, without potential BR
$ 50.00  Finished Basement, with potential BR
$100.00  New Residential/Per Single Family Unit
$ 10.00  Properties on public sewer
$ 10.00  Residential Renovations/Change of Use
$ 25.00  Swimming pool, above ground
$ 50.00  Swimming pool, in-ground

Description of Building/Addition/Structure:________________________________________________________________________

Owner or Applicant Signature:_________________________ Date:________________

A letter of Authorization is acceptable in place of Owner's Signature.

 Health District Use Only

APPROVED_________ DENIED_________ Fee Paid:_________ Check #:_________ Cash:

Comments:______________________________________________________________________________________

Sanitarian:_________________________ Decision Date:________________

UPDATED 2/26/20
1. Owner __________________________

2. Applicant _______________________

3. Project Address: _______________________

4. Phone _____________________________

5. Email _______________________________

6. Permit for (Specify use below selection):
   a) ___ New Building or Structure
   b) ___ Enlarged Building or Structure
   c) ___ Structural Alteration (no increase in area)
   d) ___ Landscape Work (includes ¼ acre ponds)
   e) ___ Change in Use
   f) ___ Temporary Use
   g) ___ Other Use

   Description of Activity: __________________________
   __________________________
   __________________________

7. Present use of lot (i.e. Single Family Residence)
   __________________________________________
   __________________________________________
   __________________________________________

8. Attached Plans: _____ yes _____ no
   _____ not necessary

8. Will any topsoil or earth materials other than
   topsoil be removed from the lot or onto the
   lot? _____ yes _____ no

I declare under penalties of false statements that
the statements of the foregoing application are
complete and true.

This is a decision of a Zoning officer and may be
appealed to Zoning Board of Appeals in accordance
with §8.7 of the CT General Statutes within 15
days.

Owner/Applicant ________________________ Date __________

ZEO Notes: ____________________________
______________________________
______________________________
______________________________

ZEO Signature ______________________ Date __________

Fee $_________ By _________ Date _______