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 Zoning & Health forms.
☐ Provide two (2) copies of a property map showing the location of the hot tub. Consult with Land Use Agency and the Health District for map requirements.
☐ Provide two (2) copies of hot tub plans/specifications with installation instructions for hot tub, including access to the hot tub to comply with code.
☐ Proof of Worker’s Compensation Liability Certificate or a notarized Connecticut 7B Form.
☐ If the Applicant is not the Owner of the Property, the Letter of Authorization must be completed.
☐ Provide a copy of the Connecticut Contractor Registration/License for hot tub installer if the Owner is not doing the installation.
☐ If applicable, contact CL&P to get a Call Before You Dig Number (1-800-922-4455).
☐ Permit fees will be collected by each department separately and to be paid by check or cash only

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

Only (2) copies of the building plans, (2) copies of the property map, and the completed Hot Tub Permit Application are required for the procedure below.

☐ Step 1: Zoning & Conservation (3 Primrose Street) / (203) 270-4276
   o Submit the completed Zoning Permit Application, and pay fee.
   o Present, for signature, the two (2) copies of the property map showing where the hot tub will be located.
   o Zoning & Conservation will sign the Hot Tub Building Permit Application & BOTH sets of hot tub plans with specifications.

☐ Step 3: Health District (3 Primrose Street) / (203) 270-4291
   o Speak to the Sanitarian for specific application requirements.
   o Upon submission of required information and assurance of code compliance, Health Department will sign the Hot Tub Building Permit Application and BOTH sets of Hot Tub plans/specifications and site plans.
   o Pay fee to Health Department.

☐ Step 4: Building Department (3 Primrose Street) / (203) 270-4260
   o Submit two (2) copies of the Hot Tub installation instructions and specifications that have been signed by the Health District, Zoning, and Conservation.
   o Submit the property map that has been signed by the Health District, Zoning, and Conservation
   o Submit completed permit application that has been signed by the Health District, Zoning, and Conservation along with the required documents.
   o If applicable, Call Before You Dig at 1 (800) 922-4455 to get a number.

What to expect after submission of the hot tub permit package:

   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
HOT TUB - PERMIT APPLICATION

Permit No.:  
Receipt No.:  
Date Issued:  

REQUIRED DEPARTMENTS TO SIGN OFF ON PERMIT APPLICATION

Zoning:  
Conservation:  
Health:  

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:  
Property Address of Hot Tub Installation:  

COMPLETE OWNER'S CONTACT INFORMATION BELOW

Owner's Name as it Appears in Land Records:  
Owner's Email Address:  
Owner's Phone Number:  
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.

Name of Applicant and/or Agent for the Owner:  
Email Address of Applicant and/or Agent for the Owner:  
Street Address:  
Town/City:  
State:  
Zip Code:  
Home 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.

Contractor Name:  
Email Address of Contractor:  
Street Address:  
Contact Phone Number:  
Town/City:  
State:  
Zip Code:  
Home Improvement Contractor License Number:  
Expiration Date:  
ESTIMATED COST:  $(Include Installation)  
Call Before You Dig: (800) 922-4455  
BUD#:  

COMPLETE THE HOT TUB INFORMATION BELOW

HOT TUB MODEL NUMBER:  
HOT TUB MANUFACTURER:  
HOT TUB DIMENSIONS:  
HOT TUB NUMBER OF JETS:  

I hereby agree by my signature below to abide by the State of Connecticut Building Code requirements applying to hot tubs and access to the hot tub and to all other codes, regulations and ordinances State and Local. I agree to inform the Building Official of any changes in plans and to call for all required inspections.

Signature of Applicant:  
Date:  
Was Work Done Without a Permit?  
YES / NO  
Printed Name of Applicant:  
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:

                                                                                           ________________________________
In-Ground & Above-Ground Swimming Pools, Spas, & Hot Tubs
Permitting Package

Please read this document and sign Page No. 2.

APPENDIX G – SWIMMING POOLS, SPAS, AND HOT TUBS

(AMD) AG105.2 Outdoor Swimming Pool: An outdoor swimming pool, including in-ground, above-ground, or on-ground pools, hot
tubs and spas shall be provided with a barrier which shall comply with the following:

1. The top of the barrier shall be at least 48 inches above grade measured on the side of the barrier that faces away from the
swimming pool. The maximum vertical clearance between grade and the bottom of the barrier shall be 2 inches measured on
the side of the barrier which faces away from the swimming pool. Where the top of the pool structure is above grade, such as
an above-ground pool, the barrier may be at ground level, such as the pool structure, or mounted on top of the pool structure.
Where the barrier is mounted on top of the pool structure, the maximum vertical clearance between the top of the pool
structure and the bottom of the barrier shall be 4 inches.

2. Openings in the barrier shall not allow passage of a 4-inch diameter sphere.

3. Solid barriers that do not have openings, such as masonry or stone walls, shall not contain indentations or protrusions except
for normal construction tolerances and tooled masonry joints.

4. Where the barrier is composed of horizontal and vertical members and the distance between the tops of the horizontal
members is less than 45 inches, the horizontal members shall be located on the swimming pool side of the barrier. Spacing
between vertical members shall not exceed 1 ¼ inches in width. Where there are decorative cutouts within vertical or
horizontal members, spacing within the cutouts shall not exceed 1 ¾ inches in width.

5. Where the barrier is composed of the horizontal and vertical members and the distance between the tops of the horizontal
members is 45 inches or more, spacing between vertical members shall not allow passage of a 4-inch diameter sphere.
Where there are decorative cutouts within vertical members, spacing within the cutouts shall not exceed 1 ¾ inches in width.

6. Maximum mesh size for chain link fences shall be 2 ¾ inches square unless the fence is provided with slats fastened at the
top or the bottom which reduce the openings to not more than 1 ¾ inches.

7. Where the barrier is composed of diagonal members, such as a lattice fence, the maximum opening formed by the diagonal
members shall not be more than 1 3/4 inches.

8. Access gates shall comply with the requirements of Section AG105.2, Items 1 through 7, and shall be equipped to
accommodate a locking device. Pedestrian access gates shall open outward away from the pool and shall be self-closing and
have a self-latching device. Gates other than pedestrian access gates shall have a self-latching device. Where the release
mechanism of the self-latching device is located less than 54 inches from the bottom of the gate, the release mechanism and
surrounding openings shall comply with the following: The release mechanism shall be located on the pool side of the gate at
least 3 inches below the top of the gate and the gate and barrier shall have no opening greater than ½ inch within 18 inches of
the release mechanism.

9. Where a wall of a dwelling serves as part of the pool barrier, one of the following conditions shall be met:

9.1 The pool shall be equipped with a power safety cover in compliance with ASTM F1346-91; or
APPENDIX G – SWIMMING POOLS, SPAS, AND HOT TUBS

9.2 All doors with direct access to the pool through that wall shall be equipped with an alarm which produces an audible warning when the door and its screen, if present, are opened. The area shall sound continuously for a minimum of 30 seconds within 7 seconds after the door and its screen, if present, are opened and be capable of being heard throughout the house during normal activities. The alarm shall automatically reset under all conditions. The alarm shall be equipped with a manual means, such as a touch pad or switch, to temporarily deactivate the alarm for a single opening. Such deactivation shall last for not more than 15 seconds. The deactivation device(s) shall be located at least 54 inches above the threshold of the door; or

9.3 All doors with direct access to the pool through that wall shall be equipped with a self-closing and self-latching device with the release mechanism located in a minimum of 54 inches above the door threshold. Swinging doors shall open away from the pool area.

10. When an above-ground or on-ground pool structure is used as a barrier or where the barrier is mounted on top of the pool structure, and the means of access is a ladder or steps, then the ladder or steps shall be surrounded by a barrier which meets the requirements of Section AG105.2, Items 1 through 9.

(Add) AG105.6 Temporary Enclosure: A temporary enclosure shall be installed prior to the commencement of the installation of any in-ground swimming pool unless the permanent barrier specified in Section AG105.2 is in place prior to the commencement of the installation. The temporary enclosure shall be a minimum of 4 feet in heights, shall have no openings that will allow passage of a 4-inch sphere and shall be equipped with a positive latching device on any openings.

(Add) AG105.7 Pool Alarm: No building permit shall be issued for the construction or substantial alteration of a swimming pool at a residence occupied by, or being built for, one or more families unless a pool alarm is installed with the swimming pool. As used in this section, "pool alarm" means a device which emits a sound of at least 50 decibels when a person or an object weighing 15 pounds or more enters the water in a swimming pool.

Exception: Hot tubs and portable spas shall be exempt from this requirement.

I have read the entirety of Appendix G herein:

__________________________________
Owner's Signature

__________________________________
Owner's Printed Name
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.

<table>
<thead>
<tr>
<th>Street Address of Proposed Project</th>
<th>Town</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Owner</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contractor Name</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Contractor Address</th>
<th>Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

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 22/02/20
TOWN OF NEWTOWN
APPLICATION FOR ZONING PERMIT

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 _____