



TOWN OF LISBON

INCORPORATED 1786

BUILDING INSPECTOR
ZONING ENFORCEMENT OFFICER
1 NEWENT ROAD
LISBON, CONNECTICUT 06351-2926
TEL. (860) 376-8291



TOWN OF LISBON COMMERCIAL/INDUSTRIAL/RESIDENTIAL BUILDING PERMIT APPLICATION

One permit per form – please check (x) for applicable permits

Commercial _____ Residential _____ Industrial _____ Other _____

New _____ Accessory _____ Addition _____ Alteration _____

Property Address: _____ ID# _____

Property within Special Flood Hazard Area: YES _____ NO _____ If YES, see Flood Plain Checklist

Owner of Record: _____ Phone: _____

Mailing Address: _____

Email: _____

Description of Proposed Work: _____

Contractor: _____ LIC# _____

Address: _____

Total Estimated Cost of Installation: _____

USE _____	HEATING SYSTEM _____	ASSESSOR'S MAP # _____
TYPE _____	FUEL _____	LOT # _____
NO. OF STORIES _____	PLUMBING FIXTURES _____	ZONE _____
FLOOR AREA PER _____	TOILETS _____	FLOOR LIVE LOAD _____ PSF
NO. OF ROOMS _____	SINK _____	CITY WATER _____
BASEMENT _____	LAVETORIES _____	WELL WATER _____
FOUNDATION _____	BATHTUBS _____	AIR COND _____
EXT. WALLS _____	SHOWER STALLS _____	ZONING PERMIT YES NO
INT. WALLS _____	ELEC. SERVICE SIZE _____	SPETIC PERMIT YES NO
FIREPLACE _____		DRIVEWAY PERMIT YES NO

PERMITS AND/OR VARIANCES RECEIVED FROM OTHER AGENCIES (CHECK ALL THAT APPLY):

CONSERVATION COMMISSION (ILWL) _____ PLANNING AND ZONING COMMISSION _____

SANITARIAN _____ ZONING BOARD OF APPEALS _____

TRADE PERMITS INCLUDED: ELECTRIC _____ PLUMBING _____ HVAC _____ SPR. _____

CONTINUED ON PAGE 2

CERTIFICATION

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY, OR THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION. AS HIS/HER AUTHORIZED AGENT I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION. IN ADDITION, IF A PERMIT FOR WORK DESCRIBED IN THIS APPLICATION IS ISSUED, I CERTIFY THAT THE CODE OFFICIAL OR THE CODE OFFICIAL'S AUTHORIZED REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER AREAS COVERED BY SUCH PERMIT AT ANY REASONABLE HOUR TO ENFORCE PROVISIONS OF THE CODE(S) APPLICABLE TO SUCH PERMIT. FURTHERMORE, I GRANT PERMISSION TO THE TOWN'S ASSESSOR TO ENTER THE PROPERTY TO DO REQUIRED INSPECTIONS.

Name of Applicant (print): _____
Signature of Applicant: _____
Address: _____
Email: _____ Phone: _____

OFFICE USE ONLY

Building Permit # _____
Permit Fee: \$ _____
CT EDU Fee \$ _____
TOTAL Due: \$ _____

PAID
CASH/CHECK #: _____
AMOUNT: _____
DATE: _____ RECEIVED BY: _____

Building Official Signature: _____ Date: _____
Fire Marshal Signature: _____ Date: _____

**Permit is not valid without Building Official's signature and comments*
Revised: 8/16/2022 ejoseph (f:) CB_Comm_Ind_Res_BuildingPermit_Application



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TOWN OF LISBON ZONING PERMIT APPLICATION

For single and two-family homes and accessory buildings or uses.

To be completed by the applicant:

Date: _____

Applicant: _____ Address: _____

Property Owner: _____ Address: _____

Phone: _____ Email: _____

Location of Property (street address): _____

Property within Special Flood Hazard Area: YES _____ NO _____ If YES, see Flood Plain Checklist

Land Records ID: Map: _____ Lot: _____ Block: _____ Vol: _____ Page _____ Zone: _____

Lot Size in Square Feet: _____ Total Building Floor Area in Square Feet: _____

Existing Use of Land or Building: _____

Proposed Use of Land or Building: _____

APPROVAL FROM THE TOWN SANITARIAN REQUIRED, PER SECTION 19-13-B100a, CT DEPT of PUBLIC HEALTH. Applicants for permitted single or two-family dwellings and accessory buildings or expansions or additions of such buildings on residential lots shall complete the plot plan on the reverse side of this form.

CERTIFICATION

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY, OR THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION. AS HIS/HER AUTHORIZED AGENT I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION. IN ADDITION, IF A PERMIT FOR WORK DESCRIBED IN THIS APPLICATION IS ISSUED, I CERTIFY THAT THE CODE OFFICIAL OR THE CODE OFFICIAL'S AUTHORIZED REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER AREAS COVERED BY SUCH PERMIT AT ANY REASONABLE HOUR TO ENFORCE PROVISIONS OF THE CODE(S) APPLICABLE TO SUCH PERMIT.

(A permit issued on the basis of this application certifies conformance with the Lisbon Zoning regulations. Other permits may be required, such as those concerning driveways, wetlands, water and sewer facilities, fire protection, building code and health code. Obtaining the additional permits is the responsibility of the applicant.)

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

Zoning Permit # _____

Permit Fee: \$ _____

Approved: _____

Denied: _____

Reasons for denial or modifications: _____

Zoning Enforcement Officer Signature: _____ Date: _____

**Permit is not valid without ZEO's signature and comments*

Revised: 5/22/2023 ejoseph (f:) CB_Res_Zoning_Permit_Application

PAID

CASH/CHECK #: _____

AMOUNT: _____

DATE: _____ RECIEVED BY: _____



APPLICATION TO CONSTRUCT AN ADDITION, DECK, POOL OR GARAGE
OR TO CHANGE THE USE OF A BUILDING

Owner's Name: _____ Phone Number: _____

Owner's Address: _____

Email address: _____

Property Address: _____ Town: _____

No. of Bedrooms Existing: _____ No. of Bedrooms after renovation/addition: _____

Request approval to:

☐ **Construct an addition:** Number of rooms: _____ Size of addition: _____

Use of addition: _____

☐ **Construct a deck:** Size of deck: _____

☐ **Construct a shed:** Size of shed: _____ Type of foundation: _____

☐ **Install a pool:** ☐ In-ground ☐ Above-ground Size of pool: _____

☐ **Construct a garage:** Size of garage: _____

☐ **Other:** Description and dimensions: _____

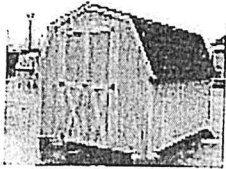
☐ **Change the use of the building or rooms in the building:** Description of change: _____

Review Fee \$50.00 _____ Site Investigation Fee \$75.00 _____ Total Fee \$ _____

Fee Paid \$ _____ Cash _____ Check # _____ Receipt # _____ Date: _____

- * A plot plan showing the location of the existing building, any proposed additions, decks, garages, pools, etc., the septic system and the well must be submitted.
- * For an addition, a floor plan of the existing house and the proposed addition must also be submitted.
- * If test hole and percolation test data is not available, then a test hole(s) must be dug and a percolation test performed.
- * If the exact location of the septic tank & leaching field is not available, the owner must have them located, if deemed necessary, to ensure that all separating distance requirements are met.

Owner's or Agent's Signature: _____ Date: _____



ADDITIONS, DECKS, GARAGES, SHEDS, AND POOLS.

Prior to putting an addition onto your home, installing an in-ground or above-ground swimming pool, or building a deck, garage or storage shed, approval is required from the Uncas Health District if you have a septic system. Section 19-13-B100a of the CT Public Health Code sets the conditions under which the District can approve the above construction.

A plot plan must be submitted which shows the exact location of your home, septic system, well and what you propose to build. Dimensions and separating distances must also be included. If you are adding an addition to your home, floor plans of the existing house and the proposed house, with all rooms labeled, must also be submitted.

The Health Code requires that before the District can approve any of these plans, there must either be a septic system on your property which meets all of the current regulations, or, there must be an area in which such a septic system could be installed if needed. In order to determine this, the District must examine records of test holes and percolation tests. If this information is not available, testing must be done before the District can approve or deny the proposal.

In addition, all the required separating distances to the septic system must be met. These distances include 10 feet to an above-ground pool; 25 feet to an in-ground pool; 5 feet to a deck; 10 feet to a storage shed or garage; 15 feet to an addition, provided there are no footing drains. If footing drains are provided, the separating distance to the septic system increases to 25 feet.

These regulations are necessary to ensure that if your septic system has to be replaced, there is an adequate area in which to install a proper system. If there is not enough area, the flow of water from your house may have to be reduced, and things such as washing machines and dishwashers may have to be eliminated.

Revised 6/2/2006

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