



CANDLEWOOD SHORES TAX DISTRICT

55 Longview Drive, Brookfield, CT, 06804 | (203) 775-1172

Renovation & New Building Permit Application

Application Date: _____

1. Property Address: _____

2. Name of Owner: _____

Mailing Address: _____

Phone Number: _____ Email: _____

3. Name of Applicant (if not owner): _____

Address: _____

Phone Number: _____ Email: _____

4. Name of Contractor: _____

License Number: _____

Address: _____

Phone Number: _____ Email: _____

5. 24-Hour Emergency Contact: _____

Address: _____

Phone Number: _____ Email: _____

6. Purpose and description of proposed work: _____

Scalzo Property Management

2 Stony Hill Road, Suite 201, Bethel, CT, 06801 | Phone: 203-790-6888 | Fax: 203-790-9390

Office.Manager@Candlewoodshores.com



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7. Type of heavy mechanical equipment to be used: _____

8. Date work will commence: _____
Date work will be completed: _____
9. Will a dumpster be needed for this project? _____
10. Will a portable toilet be provided for workers? _____
11. The following must be furnished with this application:
- a. A **Class A-2 Survey** of property showing the location of the proposed building, the water service pipe, the curb-stop, and sewage disposal (septic) system.
 - b. **Certificate of Insurance, naming "Candlewood Shores Tax District" as the certificate holder**, in the amount of \$100,000 - \$300,000 bodily injury and \$25,000 property damage insurance. The policy must state that it will apply first in the event of a liability suit (the Candlewood Shores Tax District insurance policies will apply only in excess of your policy). Supplied by Contractor.
 - c. **Workmen's Compensation Insurance** and (if available) Disability Benefits Certificate, State of CT. Supplied by Contractor.
 - d. **Building Permit issued by the Town of Brookfield.**
 - e. If applicable, a **copy of any variances** granted by the Zoning Board of Appeals and filed with the Town of Brookfield.
 - f. Copy of correspondence with "**Call Before You Dig.**"
 - g. **CSTD permit fee** payable by check to "Candlewood Shores Tax District" in the amount listed on the CSTD Fee Schedule.

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In consideration of the issuance of this permit I agree to the following:

1. All heavy machinery will have rubber tires or treads. Alternatively, the roadway will be protected using mats or plywood to prevent damage.
2. Dumpsters will not be placed on the roadway or in the CSTD right-of-way.
3. Portable toilets will be placed in a manner that minimizes their visibility from the roadway.
4. This project will conform to the Candlewood Shores Tax District & Water Department Rules and Regulations, the General and/or Special Conditions attached to the application, and all other Town of Brookfield (CT) or State of Connecticut Laws and Ordinances that pertain to this type of work.
5. I also understand that there may be additional engineering fees associated with the permit being reviewed by an engineer under certain circumstances.

Applicant Signature

Date

Application Approved by CSTD, subject to general and special conditions attached, by:

CSTD Authorized Agent Signature

Date

Required documents received by: _____

Permit Fee Check #: _____

Date: _____

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