

## CANDLEWOOD SHORES TAX DISTRICT

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

# **Roof Permit Application**

Application Date:				
1.	Property Address:			
	Name of Owner:			
		Email:		
2.	Name of Applicant (if not owner):			
	Address:			
	Phone Number:	Email:		
4.	Name of Contractor:			
	License Number:			
	Address:			
		Email:		
5.	24-Hour Emergency Contact:			
	Phone Number:	Email:		
6.	Description of proposed work:			

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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. 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.
  - b. **Workmen's Compensation Insurance** and (if available) Disability Benefits Certificate, State of CT. Supplied by Contractor.
  - c. Permit issued by the Town of Brookfield.

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 $\underline{Office.Manager@Candlewoodshores.com}$ 

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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.
- 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.

Applicant Signature	Date
Application Approved by CSTD, subject to general and	d special conditions attached, by:
CSTD Authorized Agent Signature	Date
Required documents received by:	