



# CANDLEWOOD SHORES TAX DISTRICT

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

## Renovation & New Building Permit Application

Application Date: \_\_\_\_\_

1. Property Address: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name of Applicant (if not owner): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name of Contractor: \_\_\_\_\_

License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

4. 24-Hour Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

5. Purpose and description of proposed work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Scalzo Property Management

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

[Office.Manager@Candlewoodshores.com](mailto:Office.Manager@Candlewoodshores.com)



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6. Type of heavy mechanical equipment to be used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Date work will commence: \_\_\_\_\_  
Date work will be completed: \_\_\_\_\_
8. Will a dumpster be needed for this project? \_\_\_\_\_
9. Will a portable toilet be provided for workers? \_\_\_\_\_
10. 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. Copy of **contractor's license**.
  - e. **Building Plans** showing the proposed renovation or new structure.
  - f. **Building Permit issued by the Town of Brookfield**.
  - g. If applicable, **a copy of any variances** granted by the Zoning Board of Appeals and filed with the Town of Brookfield.
  - h. Copy of correspondence with "**Call Before You Dig**."
  - i. **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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