

Route Sheet

Page 1 – Complete owner of record and construction site information

Page 2 –Zoning application – complete and sign

Page 3 – can be used for a plot plan or attach your own plot plan. Plot plan needs to show all buildings on property, location of well and septic and all setbacks

Page 4 – information on setbacks

Page 5 – Torrington Area Health District application – complete and sign

Pages 6-8 – Pertain to installing/changing driveway – only complete and sign if it applies

Checks required:

1. Town of Canaan - \$85.00 for zoning permit
2. TAHD - \$35.00/\$55.00 which ever is applicable for Torrington Area Health District application
3. Town of Canaan - \$135.00 for Inland/Wetlands – only if applicable.

Please leave completed forms with appropriate checks with Linda Paviol. Once received, all applications will be sent to the appropriate departments and signature sign-offs will be obtained. Linda will contact owner/applicant when the route sheet is complete and ready to move forward with building permit(s).

Please leave a contact number of applicant/owner in case of questions regarding project.

ROUTE SHEET (To obtain a building permit)

OWNER(S) OF RECORD:

CONSTRUCTION SITE:

Name: _____ Street: _____

Address: _____ Tax Map No. _____ Tax Map Lot No. _____

Subdivision: _____

Tel: _____ Fax: _____ Name: _____ Lot No. _____

It is the responsibility of the OWNER OF RECORD to: 1) have this form completed IN TOTAL by the respective officials and

2) Completed form MUST be submitted to the Building Official PRIOR to the issuance of a Building Permit

Driveway Permit Application Timothy Downs 860-824-7239 Date: _____ Fee: \$25.00			
<u>Tax Collector</u>	Rebecca Derungs		
Delinquent Taxes owed?	860-824-0707	Date: _____	Fee: _____
<u>Torrington Area Health District</u>			
Julie Prue	860-489-0436	Date: _____	Fee: _____
<u>Housatonic River Commission</u>			
Ellery "Woods" Sinclair	860-824-7454	Date: _____	Fee: _____
<u>Inland/Wetlands/Conservation Commission:</u> Ellery "Woods" Sinclair 860-824-7454			
Floodplain:	Yes No	Date: _____	Fee: \$135.00
<u>Zoning Permit:</u> Janell Mullen zoningofficer@canaanfallsvillage.org			
1988 Flood Plain Ordinance	Yes No	Date: _____	Fee: \$85.00
Boundary Change	Yes No		
<u>Fire Marshal Approval</u> Stanley MacMillan 860-364-0909			
Single & double dwellings exempted	Date: _____		

TOWN OF CANAAN, CONNECTICUT

ZONING PERMIT APPLICATION

No. _____

Date: _____

Application is hereby made to the Planning & Zoning Commission for a permit to:

() Construct () Enlarge () Alter () Move Other: _____
the building described below:

Name of Owner: _____ Address: _____

Name of Applicant: _____ Address: _____

Name of Contractor: _____ Address: _____

Zone: _____ Width of Lot: _____ Depth of Lot: _____ Area of Lot: _____

Location of Property: _____

Development: _____ Tax map page _____ Lot # _____

USE OF BUILDING OR ADDITION

Dwelling for _____ Families () Accessory () Other

Business _____ Industrial _____ Other _____

Size of bldg/addition _____ Area _____ Habitable floor area _____ Stories _____

Additional information, remarks: _____

NOTE: A Building and Sewage Permit must be secured in addition to this Zoning Approval before any construction is started.

Date: _____ Applicant's signature: _____

Approved Zoning Officer: _____ Date: _____

Approved Building Inspector: _____ Date: _____

Approved Sanitarian: _____ Date: _____

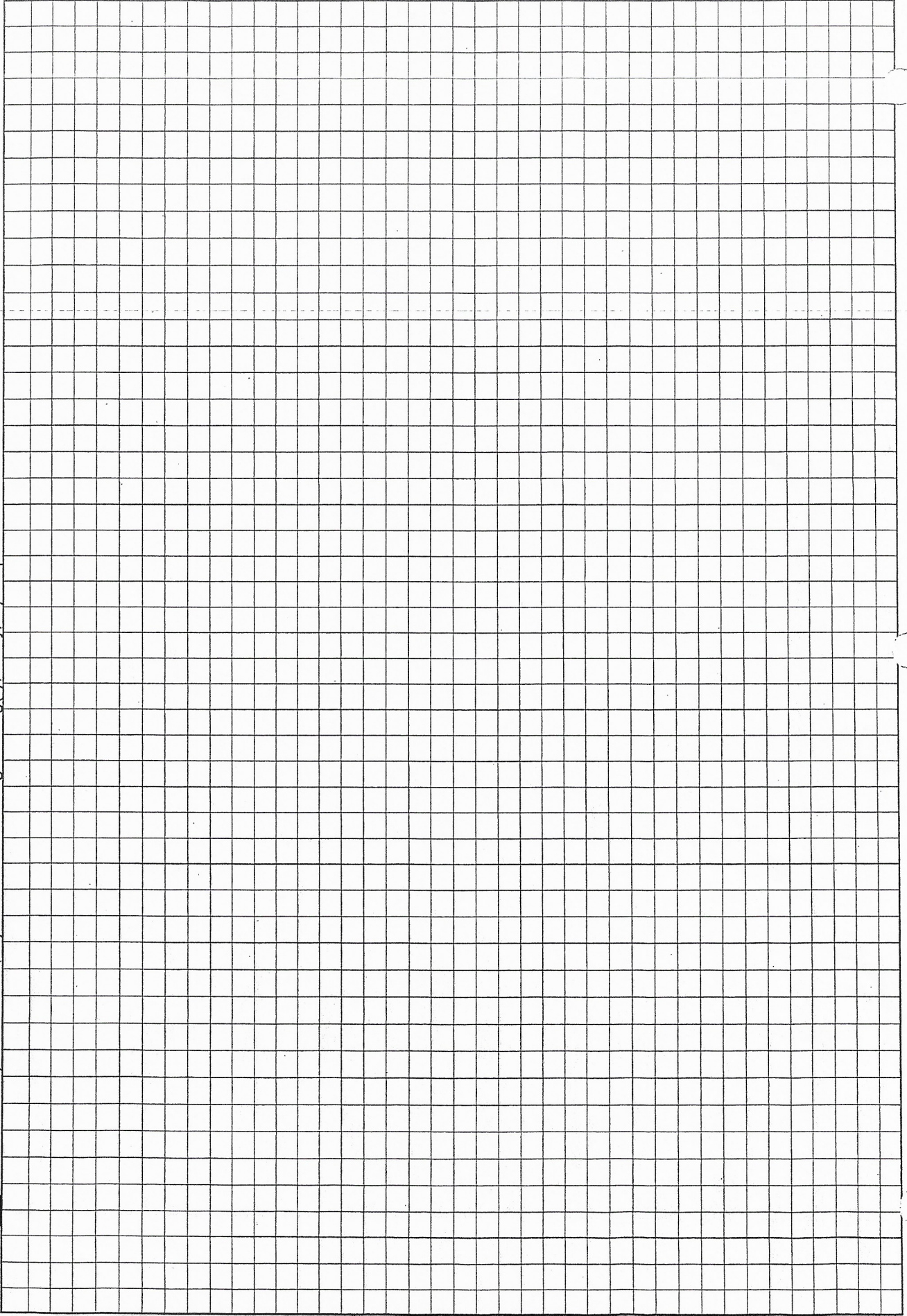
Approved for Occupancy-Zoning Officer _____ Date: _____

Rejected by: _____ Date: _____

Reason: _____

TOWN OF CANAAN, 108 Main Street, Falls Village, CT 06031

ZONE . DIAGRAM: 1) Boundaries; 2) Location of existing building(s), if any; 3) Proposed construction



2.5. Dimensional Standards

	Village Residential	Residential/ Agricultural	Mountain Residential
<u>Minimum Lot Size</u>			
Single Family	20,000 SF	80,000 SF	160,000 SF
Two-Family	30,000 SF	120,000 SF	
<u>Minimum Frontage</u>			
Single Family	100 feet	200 feet	300 feet
Two-Family	150 feet	300 feet	
<u>Minimum Yard Setbacks</u>			
Front Yard	30 feet	50 feet	50 feet
Side Yard	10 feet	25 feet	50 feet
Rear Yard	30 feet	50 feet	50 feet
<u>Maximum Building Standards</u>			
Maximum Building Height – Principal Building	35 feet	35 feet	35 feet
Maximum Building Height – Accessory Building	25 feet	25 feet	25 feet
Maximum Building Coverage	20%	10%	5%



TORRINGTON AREA HEALTH DISTRICT

350 Main Street ♦ Suite A ♦ Torrington, Connecticut 06790

Phone (860) 489-0436 ♦ Fax (860) 496-8243 ♦ E-mail info@tahd.org ♦ Web Address www.tahd.org

Addition Application

This is not a building permit.

You must obtain a permit from the Building Inspector prior to any construction.

Owner

Address of Proposed Addition

Town

Owner Address

Town

CT

ST

Zip

Owner Telephone

Existing Records? ☐

Septic Permit Number: ☐

Lot Size: ☐

Information Supplied By: ☐

Septic Sytem Designed By: ☐

The application **must** be accompanied by a **check** made payable to **TAHD** in the amount of:

ACCESSORY STRUCTURE : \$35.00

HABITABLE STRUCTURE: \$55.00

WELL AND SANITARY SEWER: \$35.00

(Return Check Fee on any item: \$25.00)

Application shall be accompanied by a **SKETCH** (on back) showing the relative distances

from the proposed addition to the well and septic system.

Size of
Addition

☐ "field investigation"

Description
of Addition

Signature of Applicant: _____

_____ Date

TAHD USE ONLY BELOW LINE

☐ **APPROVED**

☐ **DENIED**

Sanitarian:

Decision Date:

***GENERAL INSTRUCTIONS FOR PERMIT
TO DEVELOP/IMPROVE ACCESS TO SITE**

1. The width of any entrance or exit shall not be less than 10 feet or exceed 20 feet, measured parallel to the direction of the highway except as otherwise may be designated by the Town's Inspector.
2. The grade of entrances and exits shall exactly match the edge of the shoulder.
3. Drainage discharged from the highway or flowing along it within the right-of-way shall not be altered or impeded and the applicant must provide, at his expense, suitable structures for drainage as directed by the Town's Inspector.
4. All entrances and exits shall be so located that vehicle operators approaching or using them will be able to obtain adequate sight distances in both directions along the highway. All slopes shall be stabilized by the permit applicant by seeding or other method approved by the inspector.
5. All driveways that slope toward a highway where eroded material may wash onto the highway shall be paved on the entire section within the highway right of way with black top or concrete or other material approved by the Inspector. The remainder of the area, graded to drain to the highway, shall be stabilized to prevent erosion and washing material onto the highway. The pavement shall be joined in a straight line at the intersection with the Town's highway and shaped to accommodate highway drainage.
6. The permittee will be required to construct, at his sole expense, a bituminous or concrete apron, extending at least five feet beyond the outer edge of the shoulder. The purpose of this is to avoid structural damage to the shoulder edge by traffic when it passes from the hardened shoulder of the highway to a softer driveway surface.
7. All driveways which have a minus grade away from the highway shall be graded to a specified gutter grade and ramped upward 6" above the gutter and this area paved sufficiently far back to prevent erosion and allow for the acceptance of highway water.
8. The drainage facility installed under any filled area must be adequate to carry the water along the highway.
9. Where a private driveway has been constructed to intersect with a Town Highway, the Town shall not be responsible for any future flow of water down said driveway.
10. Sketch map required on all applications. A more detailed map will be required if wetlands are involved.
11. Permit is issued only for described work; for any further improvement a new permit must be obtained.

Read and acknowledged by applicant this _____ day of _____, 20__.

Applicant's (or Agent's) Signature _____

Printed Name _____

*There may be additional special instructions and conditions for specific applications.

PERMIT TO IMPROVE ACCESS TO PROPERTY APPLICATION

This permit is issued for the purpose of executing the necessary work to be described.

NOTE: I/we agree to indemnify and hold harmless the Town of Canaan (Falls Village), CT for injury to persons or property arising out of the operation covered by this permit, which conditions are accepted by this applicant. This agreement is pursuant to the ORDINANCE OF THE TOWN OF CANAAN, adopted October 26, 1971, and is on file in the Office of the Clerk of the Town of Canaan.

NAME / ADDRESS / PHONE _____

NAME OF STREET OR HIGHWAY: _____

DETAILED LOCATION OF WORK TO BE DONE, AND A DESCRIPTION:

ANY SPECIAL CONDITION TO BE NOTED (if applicable):

1. Driveway will be installed in accordance with construction details provided by

_____ plan (copy of excerpt attached hereto and made a part hereof).

2. For purposes of executing a subdivision development plan no other access is authorized to and from the town highway shown as _____ on the above-referenced survey map.

Applicant's/Authorized Agent's signature) _____

(Applicant's/Authorized Agent's printed name) _____

(Date) _____

APPLICATION FEE: **\$25.00** (Checks shall be made payable to Treasurer, Town of Canaan.)

APPLICATION AND SITE REVIEWED:

1. DRIVEWAY SITE PLAN APPROVAL - (flag the entrance)

Public Works Manager

2. INLAND/WETLANDS COMMISSION (map required if wetland involved)

Chairman, Inland/Wetlands Commission

3. PLANNING & ZONING COMMISSION and/or ZONING ENFORCEMENT OFFICER

Zoning Enforcement Officer

4. DEPARTMENT OF PUBLIC WORKS:

- a. WORK SATISFACTORILY COMPLETED AND INSPECTED -

Public Works Manager

- b. WORK INCOMPLETE OR UNSATISFACTORY, PERMIT REVOKED

Selectman

4. BOARD OF SELECTMEN

First Selectman

Selectman

Selectman

Original of this application will be kept on file in the Canaan Town Hall, 108 Main Street, Falls Village, CT