DECK INFORMATION

All information in the “Design for Code Acceptance 6” handout pertains to 1 and 2 family residential decks. The Town of West Hartford is offering this informational handout as representative of typical issues/questions that may arise on a typical residential wood deck construction. The Town assumes no responsibility for any errors and omissions. The applicant is required to follow applicable State of CT Building Codes, as no handout could possibly cover all situations, nor is this handout intended to do so.

I. IMPORTANT NOTES

1. If you plan to install a hot tub, spa or an enclosed sunroom on the proposed deck, additional structural information and a separate permit will be required.
2. If the proposed deck is in area of electric or gas service, oil fill and vent or other utilities additional requirements apply and are outside the scope of this handout. Contact the Building Department for additional information as needed.
3. If any direct vent exhaust is located in area of proposed deck, additional requirements will apply. Refer to manufacturers installation instructions of equipment for required clearances.

II. PERMIT APPLICATION DOCUMENTS

Please submit the following information.

1. Building/Zoning application.
2. Two copies of the Plot plan with proposed deck drawn to scale. Contact the Zoning Department at 860-561-5555 or by email at: Robert.gosselin@westhartfordct.gov
3. Two copies of the Deck Floor plan drawn to scale.
   a) Show deck size.
   b) Size and spacing of floor joists.
   c) Size and type of decking material.
   d) Size, type, location and spacing of posts.
   e) Size and type of beams.
   f) Post to beam attachment details. (Include top and base connectors to be used.)
   g) Ledger to house attachment detail. (Include type of flashing to be used on ledger.)
4. Two copies of the Elevation drawing - drawn to scale.
   a) Show height of structure from grade.
   b) Size and depth of footings.
   c) Guard and handrail height and spacing (if any).
   d) Stairwell rise/run and guard and handrail height (if any).
   e) Show any utilities (i.e.: overhead wires).
5. Insurance Information:
   If the deck is being built by a contractor, please submit the contractor’s proof of
   workers compensation information (or the 7B insurance waiver form) and a copy of
   the HIC license. If the deck is being built by the home owner, please submit the 7B
   insurance waiver form.

6. Permit Fee – Reference Town of West Hartford Fee Chart.

III. EGRESS INFORMATION

If adding door to new deck:

R311.4.2 Egress Door - The required door shall be a side-hinged door not less than
32 inches in width (clear opening) and not less than 78 inches in height. Other doors
shall be permitted to be side-hinged, swinging, sliding, bi-fold or revolving doors,
shall not be required to comply with the minimum door width and shall be permitted
to be not less than 6 feet 6 inches in height.

(CT Amd) R311.3 Floors and Landings at exterior doors. There shall be a landing or floor
on each side of each exterior door. The width of each landing shall be not less than the door
served. Every landing shall have a dimension of not less than 36 inches (914 mm) measured in
the direction of travel. The slope at exterior landings shall not exceed 1/4 unit vertical in 12 units
horizontal (2 percent).

Exception: Exterior balconies less than 60 square feet (5.6 m²) and only accessible from a
door are permitted to have a landing less than 36 inches (914 mm) measured in the
direction of travel.

R311.3.2 Floor Elevations for Other Exterior Doors
Doors other than the required egress door shall be provided with landings or floors not more than
8 1/4 inches (209.5 mm) below the top of the threshold.

Exception: A landing is not required where a stairway of three or fewer risers, including
the top riser from the dwelling to the top tread, is located on the exterior side of the door,
provided the door does not swing over the stairway.
### TOWN OF WEST HARTFORD BUILDING/ZONING PERMIT APPLICATION

**Construction Type:** Check One
- ______ VB = unprotected wood frame *(Most single family residential is VB)*
- ______ VA= protected wood frame construction ______IV= Heavy Timber Frame
- ______ IIIA ______ IIIB ______ IIA ______ IIIB ______ IA ______ IB
- ______ Unknown ______ Must Verify

**Proposed Occupancy Type:** Check One
- ______ One Family Home ______ Two Family Home ______ Three Family Home
- ______ R-1 ______ R-2 ______ R-3 ______ R-4 ______ I-1 ______ I-2 ______ I-3 ______ I-4
- ______ B ______ M ______ H-1 ______ H-2 ______ H-3 ______ H-4 ______ H-5 ______ F-1

If project will result in a **Change of Occupancy** please list existing occupancy* ________________________________.

*Refer to 2018 CT State Building Code (2015 IBC Chapter 3 for definitions of Occupancy Types.)*

**Description of Work**

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

**Value of Work:** $_________*

**Proposed Work Area:** ______ s/f

*(Excluding Plumbing, Heating, Electrical, Sprinkler or Fire Protection)*

**Total Fee Paid:** $_________________ **CO Fee Paid:** ______________________ Check #________

**JOB LOCATION:**

________________________________________________________________________________________________________________________________________

**HISTORIC DISTRICT Y____ or N____.** If the property is in a Historic District, we will forward this form to the Historic Commission.

**Business Name/Space # (if applicable):** ____________________________________________________________

**Property Owner Name(s):** ____________________________________________________________

**Property Owner Address:** ____________________________________________________________

**Telephone # __________________ Fax # __________________ Cellphone # __________________**

**Property Owner E-mail Address(es):** ____________________________________________________________

**Applicant Business Name:** ____________________________________________________________

**Applicant Name:** ___________________________________ **Registration/Lic#:** ___________ **Exp. Date:** ___________

**Applicant Address:** ____________________________________________________________

**Phone:** __________________ Fax: __________________ **Cell:** __________________ **Email Address:** ____________________________________________________________

List Supporting Documentation Submitted: ____________________________________________________________

**SEE OTHER SIDE TO COMPLETE REQUIRED INFORMATION AND SIGNATURES**

*NOTE- Energy Code Compliance required on new construction and additions. Please bring in to build. dep. or mail to:

Town of West Hartford, Building Department, 50 South Main Street, West Hartford, CT 06107 (860)561-7530

Rev 01/2020
TO THE BUILDING DEPARTMENT, TOWN OF WEST HARTFORD, CT: I, ____________________________________ the undersigned, hereby agree to conform to and comply all the requirements the State of Connecticut and Town of West Hartford laws and guidelines. I also agree to notify the Building Inspector of any alteration in the building plans or specifications that have submitted or caused to be submitted for which this permit is requested. Finally, I agree that this building is to be located the proper distance from all street lines, side yard lines, rear yard lines, and the required distances from all other zones, and is located in a zone within which this building and its use is permitted.

PLEASE CHECK OF ONE OF THE BELOW BOXES:

CERTIFICATION: I hereby certify that: □ I am the owner of record of the named property OR: □ that I am the agent of the owner of record who has authorized the proposed work, and I have been authorized to make this application as an authorized agent, and we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief. No work shall be started until after The Town of West Hartford has approved and signed the applicant’s permit application.

Please Note: If the Historic District Commission has designated this property as a historic property, the Town of West Hartford will forward this application to the Commission as part of the statutorily required review process.

_________________________________ OR ______________________________

Signature of Property Owner Signature of Authorized Agent

______________________________ ______________________________

Print Name Print Name of Authorized Agent

Connecticut General Statute § 31-286b(a) states a building official may not issue a building permit until either (1) Proof of Workers’ Compensation OR (2) Insurance Form #7B is signed and NOTARIZED by either owner or sole proprietor. The Town of West Hartford will not issue the permit if it does not receive this required information. Mechanical permit applications are exempt from providing proof of insurance.

This information given to the Town of West Hartford is only in support of permit application. No work can start until applicant has received the signed approved permit.

CURRENT EDITION OF BUILDING CODE IN EFFECT IS 2018 CONNECTICUT STATE BUILDING CODE

Please do not write below this line. For Town use only.

Zoning Approval __________________________ Date of Zoning Approval __________________________

Conditions of Zoning Approval ____________________________________________________________

Building Approval __________________________ Date of Building Approval __________________________

Conditions of Building Approval. ____________________________________________________________

Fire Approval __________________________ Date of Fire Approval __________________________

Conditions of Fire Approval ________________________________________________________________

Health Approval __________________________ Date of Health Approval __________________________

See Health Department for list of conditions, if any, of approval.
Proof of Workers' Compensation Coverage when Applying for a Building Permit for the Sole Proprietor or Property Owner who WILL act as General Contractor or Principal Employer

APPLICANT FOR BUILDING PERMIT

Name of Applicant for Building Permit
__________________________________________________________

Property located at
__________________________________________________________

In the City / Town of WEST HARTFORD
__________________________________________________________

ATTEST

if you are the owner of the above-named property or the sole proprietor of a business doing work on the site of the construction project at the above-named property and you WILL act as the general contractor or principal employer, you must provide proof of workers' compensation insurance coverage for all employees.

Complete this form and, if applicable, sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

CHECK ONE (1) BOX ONLY, provide the appropriate information, and sign:

☐ I am the OWNER of the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers' compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

Signature of OWNER Applicant ___________________________________________

☐ I am the SOLE PROPRIETOR of a business doing work at the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers' compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

Signature of SOLE PROPRIETOR Applicant _______________________________________

☐ I am the OWNER of the above-named property or the SOLE PROPRIETOR of a business doing work at the above-named property. I will not personally submit proof of workers' compensation insurance coverage, but I will attest to the following:

AFFIDAVIT

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he or she does work on the site of the construction project at the above-named property in accordance with Section 31-286b of the Workers' Compensation Act.

Signature of OWNER or SOLE PROPRIETOR Applicant ________________________

Name of Business—If applicable ___________________________________________

Federal Employer ID# (FEIN)—If applicable ______________________________________

Subscribed and sworn to before me this ________________ day of ________________, 2020

Signature of Notary Public / Commissioner of the Superior Court ______________________
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(Revenue - Cost) / Cost = Gross Margin