

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 $\frac{1}{4}$ unit vertical in 12 units horizontal (2 percent).

Exception: Exterior balconies less than 60 square feet (5.6 m^2) and only accessible from a door are permitted to have a landing less than 36 inches (914 mm) measured in the direction of travel.

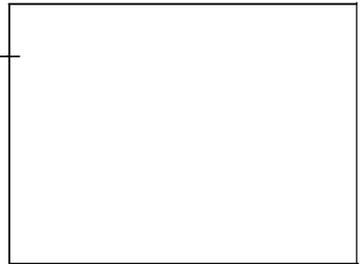
R311.3.2 Floor Elevations for Other Exterior Doors

Doors other than the required egress door *shall* be provided with landings or floors not more than $8 \frac{1}{4}$ 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

Application Date: _____/2020 Application #PRBD2020_____



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 IIB IA IB
- Unknown Must Verify

Received by:

*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
- F-2 E A-1 A-2 A-3 A-4 A-5 S-1 S-2

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/f²

*(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

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* _____

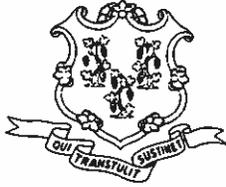
Conditions of Building Approval. _____

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.



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 3-17-2006

7B

**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 **X** _____

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 _____

Town of West Hartford Permit Fee Schedule

Estimated	Cost	Fee	State	Total
\$ -	\$ 1,000.00	\$ 32.00	\$ 0.26	\$ 32.26
\$ 1,001.00	\$ 2,000.00	\$ 49.00	\$ 0.52	\$ 49.52
\$ 2,001.00	\$ 3,000.00	\$ 66.00	\$ 0.78	\$ 66.78
\$ 3,001.00	\$ 4,000.00	\$ 83.00	\$ 1.04	\$ 84.04
\$ 4,001.00	\$ 5,000.00	\$ 100.00	\$ 1.30	\$ 101.30
\$ 5,001.00	\$ 6,000.00	\$ 117.00	\$ 1.56	\$ 118.56
\$ 6,001.00	\$ 7,000.00	\$ 134.00	\$ 1.82	\$ 135.82
\$ 7,001.00	\$ 8,000.00	\$ 151.00	\$ 2.08	\$ 153.08
\$ 8,001.00	\$ 9,000.00	\$ 168.00	\$ 2.34	\$ 170.34
\$ 9,001.00	\$ 10,000.00	\$ 185.00	\$ 2.60	\$ 187.60
\$ 10,001.00	\$ 11,000.00	\$ 202.00	\$ 2.86	\$ 204.86
\$ 11,001.00	\$ 12,000.00	\$ 219.00	\$ 3.12	\$ 222.12
\$ 12,001.00	\$ 13,000.00	\$ 236.00	\$ 3.38	\$ 239.38
\$ 13,001.00	\$ 14,000.00	\$ 253.00	\$ 3.64	\$ 256.64
\$ 14,001.00	\$ 15,000.00	\$ 270.00	\$ 3.90	\$ 273.90
\$ 15,001.00	\$ 16,000.00	\$ 287.00	\$ 4.16	\$ 291.16
\$ 16,001.00	\$ 17,000.00	\$ 304.00	\$ 4.42	\$ 308.42
\$ 17,001.00	\$ 18,000.00	\$ 321.00	\$ 4.68	\$ 325.68
\$ 18,001.00	\$ 19,000.00	\$ 338.00	\$ 4.94	\$ 342.94
\$ 19,001.00	\$ 20,000.00	\$ 355.00	\$ 5.20	\$ 360.20
\$ 20,001.00	\$ 21,000.00	\$ 372.00	\$ 5.46	\$ 377.46
\$ 21,001.00	\$ 22,000.00	\$ 389.00	\$ 5.72	\$ 394.72
\$ 22,001.00	\$ 23,000.00	\$ 406.00	\$ 5.98	\$ 411.98
\$ 23,001.00	\$ 24,000.00	\$ 423.00	\$ 6.24	\$ 429.24
\$ 24,001.00	\$ 25,000.00	\$ 440.00	\$ 6.50	\$ 446.50
\$ 25,001.00	\$ 26,000.00	\$ 457.00	\$ 6.76	\$ 463.76
\$ 26,001.00	\$ 27,000.00	\$ 474.00	\$ 7.02	\$ 481.02
\$ 27,001.00	\$ 28,000.00	\$ 491.00	\$ 7.28	\$ 498.28
\$ 28,001.00	\$ 29,000.00	\$ 508.00	\$ 7.54	\$ 515.54
\$ 29,001.00	\$ 30,000.00	\$ 525.00	\$ 7.80	\$ 532.80
\$ 30,001.00	\$ 31,000.00	\$ 542.00	\$ 8.06	\$ 550.06
\$ 31,001.00	\$ 32,000.00	\$ 559.00	\$ 8.32	\$ 567.32
\$ 32,001.00	\$ 33,000.00	\$ 576.00	\$ 8.58	\$ 584.58
\$ 33,001.00	\$ 34,000.00	\$ 593.00	\$ 8.84	\$ 601.84
\$ 34,001.00	\$ 35,000.00	\$ 610.00	\$ 9.10	\$ 619.10
\$ 35,001.00	\$ 36,000.00	\$ 627.00	\$ 9.36	\$ 636.36
\$ 36,001.00	\$ 37,000.00	\$ 644.00	\$ 9.62	\$ 653.62
\$ 37,001.00	\$ 38,000.00	\$ 661.00	\$ 9.88	\$ 670.88
\$ 38,001.00	\$ 39,000.00	\$ 678.00	\$ 10.14	\$ 688.14
\$ 39,001.00	\$ 40,000.00	\$ 695.00	\$ 10.40	\$ 705.40
\$ 40,001.00	\$ 41,000.00	\$ 712.00	\$ 10.66	\$ 722.66
\$ 41,001.00	\$ 42,000.00	\$ 729.00	\$ 10.92	\$ 739.92
\$ 42,001.00	\$ 43,000.00	\$ 746.00	\$ 11.18	\$ 757.18
\$ 43,001.00	\$ 44,000.00	\$ 763.00	\$ 11.44	\$ 774.44

\$ 44,001.00	-	\$ 45,000.00	\$ 780.00	\$ 11.70	\$ 791.70
\$ 45,001.00	-	\$ 46,000.00	\$ 797.00	\$ 11.96	\$ 808.96
\$ 46,001.00	-	\$ 47,000.00	\$ 814.00	\$ 12.22	\$ 826.22
\$ 47,001.00	-	\$ 48,000.00	\$ 831.00	\$ 12.48	\$ 843.48
\$ 48,001.00	-	\$ 49,000.00	\$ 848.00	\$ 12.74	\$ 860.74
\$ 49,001.00	-	\$ 50,000.00	\$ 865.00	\$ 13.00	\$ 878.00
\$ 50,001.00	-	\$ 51,000.00	\$ 882.00	\$ 13.26	\$ 895.26
\$ 51,001.00	-	\$ 52,000.00	\$ 899.00	\$ 13.52	\$ 912.52
\$ 52,001.00	-	\$ 53,000.00	\$ 916.00	\$ 13.78	\$ 929.78
\$ 53,001.00	-	\$ 54,000.00	\$ 933.00	\$ 14.04	\$ 947.04
\$ 54,001.00	-	\$ 55,000.00	\$ 950.00	\$ 14.30	\$ 964.30
\$ 55,001.00	-	\$ 56,000.00	\$ 967.00	\$ 14.56	\$ 981.56
\$ 56,001.00	-	\$ 57,000.00	\$ 984.00	\$ 14.82	\$ 998.82
\$ 57,001.00	-	\$ 58,000.00	\$ 1,001.00	\$ 15.08	\$ 1,016.08
\$ 58,001.00	-	\$ 59,000.00	\$ 1,018.00	\$ 15.34	\$ 1,033.34
\$ 59,001.00	-	\$ 60,000.00	\$ 1,035.00	\$ 15.60	\$ 1,050.60
\$ 60,001.00	-	\$ 61,000.00	\$ 1,052.00	\$ 15.86	\$ 1,067.86
\$ 61,001.00	-	\$ 62,000.00	\$ 1,069.00	\$ 16.12	\$ 1,085.12
\$ 62,001.00	-	\$ 63,000.00	\$ 1,086.00	\$ 16.38	\$ 1,102.38
\$ 63,001.00	-	\$ 64,000.00	\$ 1,103.00	\$ 16.64	\$ 1,119.64
\$ 64,001.00	-	\$ 65,000.00	\$ 1,120.00	\$ 16.90	\$ 1,136.90
\$ 65,001.00	-	\$ 66,000.00	\$ 1,137.00	\$ 17.16	\$ 1,154.16
\$ 66,001.00	-	\$ 67,000.00	\$ 1,154.00	\$ 17.42	\$ 1,171.42
\$ 67,001.00	-	\$ 68,000.00	\$ 1,171.00	\$ 17.68	\$ 1,188.68
\$ 68,001.00	-	\$ 69,000.00	\$ 1,188.00	\$ 17.94	\$ 1,205.94
\$ 69,001.00	-	\$ 70,000.00	\$ 1,205.00	\$ 18.20	\$ 1,223.20
\$ 70,001.00	-	\$ 71,000.00	\$ 1,222.00	\$ 18.46	\$ 1,240.46
\$ 71,001.00	-	\$ 72,000.00	\$ 1,239.00	\$ 18.72	\$ 1,257.72
\$ 72,001.00	-	\$ 73,000.00	\$ 1,256.00	\$ 18.98	\$ 1,274.98
\$ 73,001.00	-	\$ 74,000.00	\$ 1,273.00	\$ 19.24	\$ 1,292.24
\$ 74,001.00	-	\$ 75,000.00	\$ 1,290.00	\$ 19.50	\$ 1,309.50
\$ 75,001.00	-	\$ 76,000.00	\$ 1,307.00	\$ 19.76	\$ 1,326.76
\$ 76,001.00	-	\$ 77,000.00	\$ 1,324.00	\$ 20.02	\$ 1,344.02
\$ 77,001.00	-	\$ 78,000.00	\$ 1,341.00	\$ 20.28	\$ 1,361.28
\$ 78,001.00	-	\$ 79,000.00	\$ 1,358.00	\$ 20.54	\$ 1,378.54
\$ 79,001.00	-	\$ 80,000.00	\$ 1,375.00	\$ 20.80	\$ 1,395.80
\$ 80,001.00	-	\$ 81,000.00	\$ 1,392.00	\$ 21.06	\$ 1,413.06
\$ 81,001.00	-	\$ 82,000.00	\$ 1,409.00	\$ 21.32	\$ 1,430.32
\$ 82,001.00	-	\$ 83,000.00	\$ 1,426.00	\$ 21.58	\$ 1,447.58
\$ 83,001.00	-	\$ 84,000.00	\$ 1,443.00	\$ 21.84	\$ 1,464.84
\$ 84,001.00	-	\$ 85,000.00	\$ 1,460.00	\$ 22.10	\$ 1,482.10
\$ 85,001.00	-	\$ 86,000.00	\$ 1,477.00	\$ 22.36	\$ 1,499.36
\$ 86,001.00	-	\$ 87,000.00	\$ 1,494.00	\$ 22.62	\$ 1,516.62
\$ 87,001.00	-	\$ 88,000.00	\$ 1,511.00	\$ 22.88	\$ 1,533.88
\$ 88,001.00	-	\$ 89,000.00	\$ 1,528.00	\$ 23.14	\$ 1,551.14
\$ 89,001.00	-	\$ 90,000.00	\$ 1,545.00	\$ 23.40	\$ 1,568.40
\$ 90,001.00	-	\$ 91,000.00	\$ 1,562.00	\$ 23.66	\$ 1,585.66