PERMIT NO			PLICATION (Assa)		PLUMBI bo typod or pr		ERMI			0 2	OF CHESTER
LOCATION OF JOS (NO. & STREET)			MAP		BLOCK			LOT			
•											
OWNER				ADDRESS (NO. STREET, TOWN, STATE, ZIP)					Topico de la companion de la c	PHONE	
PLUMBING CONTRACTOR				ADDRESS (NO. STREET, TOWN, STATE, ZIP)						PHONE	
REMARKS	uted an impagnik governorym za ona konzeje ob kród odloko OK dodník bounda			kayyaayoggaxanaassaanakha eliinkiitiilikusi							
APPLICANT							ompoint oxidecantagens		,	0 = \$15.0	
ADDRESS (NO. STREET)						2,000,000,000,000					0 or part of per \$1,000
TOWN, STATE, ZIP		kadauutionoliikkoi da viinikkoi taasinoliinikkoi taasinoliinikkoi taasinoliikkoi kaisinoliikkoi taasinoliikkoi						or part			F 42,000
				umamuskokkiteleksiyoskikus vaanakka							
A	PPLIANCES	90000000000000000000000000000000000000			ORK BEING			Months of the Control		co	ST FEE
	NO.	MFR	ORIG C			EPAIR EMOLITIC	n)	ESTIMATE	D		
DISH WASHER			ADDITK				ACTUAL				
	Countries of the Countr			CLASSIFICATION			100 TO 10		er		disconnium de la contraction d
CLOTHES WASHER			USE GROU	p			screnge-and-	DIFFEREN		and people with	
			SPECIFIC U				NAMES OF	ADDITION	AL		400 tark for West Production Control of Cont
	ermits :	Must	le fo	sted	And	Vis	sibl	le fro	9M	The S	Street
LICENSE#					SUPPLY						
PUMP CONTRACT(CTOFFT					TOWN		c	TATE
□ WELL □ SPRI											
											FT
PUMP MANUFACT											
ELECTRICAL WOR											
	WATER	WATER			PIPE					FIXTURES	
	HEATER	TANK						CONTRACTOR STATE OF THE STATE O			
TYPE				SIZE	TYPE	INSPE	CTED	***************************************		NO	STYLE
MAKE			BUILD DRAIN					Management of the Control of the Con			
_	Bogo Anglik mala awar an Alamon an A			aum negran assamin nikalin of ne				BATHTUB			and the state of t
MODEL			SOIL					SHOWER		- OF CONTRACTOR OF THE PARTY OF	
CAPACITY	Qal	gal	MAIN VENT			y		TOILET			
TEST PRESSURE	3		WASTE			n managatan da Anton	territorio de fere	SINK			
. 2011.1.2000112	psi	D S.1			aanilaanininneen milikkiin ke	u wianusi dikinindiki dilim	nitria anno in conserve	LAVATOR	v		
WORKING PRESSURE	0.5 1		OTHERVENT	WALKER THE STREET STREET	aparamana indire-turnad deleterate		municipies (companie			**************************************	- «концицирация объекта под
TEMO DELLET	ا تە. ئىز	F 1		***************************************	NATIONAL PROPERTY OF THE PROPE	- 48488600-688800	******************************	WASH TU	18	NEWSTRANT VICTORIES PORT CONTROL CONTR	. marking all the contract of
TEMP RELIEF			COLD SUPPLY	anniantation to mail the realization	wick was from the graph of the control of	u and an	sausonerorano -	URINAL		NACCIONAL ASSESSMENT OF PROPERTY CONTROL	emanagan nichtude Stylene G. F. Sepp, am yan ein zuglich am jerund 2000.
PRESSURE RELIEF	p s.1	0.8.1.	HOT SUPPLY			n descendent/feeth	roundinguativities on	BIDDET		нородинация изитательной негото	will define the time of time of the time of time of the time of time o
All work covered by this	s application has be	en authorized by t	he (owner) or (age	ant) of this pi	operty and w	ill be done		O APPROVE	.D		DISAPPROVED
according to state regula	tions. This permit st	hall lapse if work do	des'not commence	within 6 mon	ths		A-A-JOHARD WHITE STREET				
Data	consequence con christoff (TCTC)	ghine.	A	oplicants Sig	Naturo		-	Date	montality in the second	. De	ilding Official

The second section of the sect	the state of the same and the same	an an anna - in arthradaise nó in air mainte haiste de dhainn i an maigheach agus an air an air an air air air	til sellet for som to som one som over the
			r . F
			:
			1



State of Connecticut Workers' Compensation Commission

DIRECTIONS for FILING FORMS 7A, 7B and 7C

7A-7B-7C DIRECTIONS

Building Permit Requirements for Workers' Compensation

Section 31-286b of the Workers' Compensation Act requires anyone who requests a building permit to first submit "proof of workers' compensation coverage for all of the employees who are engaged to perform services on the site of the construction project for which the permit was issued."

The only exceptions to this law are the sole proprietor or property owner who will not be acting as general contractor or principal employer.

What to give to the Building Official to obtain a Building Permit:

- 1. The General Contractor or Principal Employer must provide a written certificate of workers' compensation insurance for all of the employees on their project. This certificate may not be for liability, disability or any other type of insurance.
- 2. The Sole Proprietor or Property Owner who will not act as a general contractor or principal employer is not required to have workers' compensation coverage. In order to obtain the building permit, a FORM 7A should be completed and given to the building official.
- 3. The Sole Proprietor or Property Owner who will act as a general contractor or a principal employer must provide a written certificate of workers' compensation insurance for all of the employees on their project and must file a FORM 7B with the building official OR he will sign a sworn notarized affidavit on FORM 7B, stating that he will require proof of workers' compensation insurance for all those employed on the job site.
- 4. The General Contractor or Principal Employer who has properly excluded himself from coverage using the appropriate WCC form (see NOTE below) must file the FORM 7C with the building official. This form certifies that they have properly excluded themselves, and attests that they will require proof of workers' compensation insurance from every employee that works on the designated job site.

NOTE: The general contractor or principal employer may exclude himself from workers' compensation coverage by filing one of the following forms with the appropriate Workers' Compensation Commission district office:

Form 6B for employees who are Officers of a Corporation or Managers / Members of an LLC Form 6B-1 for employees who are Members of a Partnership



State of Connecticut Workers' Compensation Commission

Please TYPE or PRINT IN INK

Proof of Workers' Compensation Coverage when Applying for a Building Permit for the <u>Sole Proprietor</u> or <u>Property Owner</u> who <u>WILL NOT</u> act as General Contractor or Principal Employer

	Section (Approximately 1991)					
		•		•		
lame of Applicant for Building Permit						
• :	÷ .					
roperty located at						
the City / Town of	•					
:		· · · · · · · · · · · · · · · · · · ·				
ast						
	•				•	,
you are the owner of the above-name roperty and you WILL NOT act as the (d property or the sole general contractor or p	proprietor of a bu rincipal employe	usiness doing work on t r, you are not required	he site of the constr to have workers' con	rction project at opensation insur	the above-named ance coverage.
	•		*	,		÷
HECK ONE (1) BOX ONLY and	complete the follo	wing:				
ana,			-1t ete e er eriecie:	al amployer		
l am the OWNER of the above-na	med property. I WILL NO	OT act as the gen	eral contractor or princip	al employer.		
· ce				al employer.	_	
				al employer.	. ·	
· ce				al employer.		
Signature of OWNER Applicant					_	
Signature of OWNER Applicant					ntractor or princip	pal employer.
· ce					ntractor or princip	pal employer.
Signature of OWNER Applicant	a business doing work				ntractor or princip	pał employer.
Signature of OWNER Applicant	a business doing work				ntractor or princip	oal employer.
Signature of OWNER Applicant	a business doing work				ntractor or princip	pal employer.
Signature of OWNER Applicant	a business doing work				ntractor or princip	oal employer.
Signature of OWNER Applicant	a business doing work	at the above-nam			ntractor or princip	pal employec



State of Connecticut Workers' Compensation Commission

Please TYPE or PRINT IN INK

Proof of Workers' Compensation Coverage when Applying for a Building Permit for the <u>Sole Proprietor</u> or <u>Property Owner</u> who <u>WILL</u> act as General Contractor or Principal Employer

Applicant for Building Fermit.
Name of Applicant for Building Permit
Property located at
in the City / Town of
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:
lam 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
·
! 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 swom to before me this day of, 200
Subschoed and sword to before the mis
Signature of Notary Public / Commissioner of the Superior Court



State of Connecticut Workers' Compensation Commission



Please TYPE or PRINT IN INK

Proof of Workers' Compensation Coverage when Applying for a Building Permit for the <u>General Contractor</u> or <u>Principal Employer</u> who has chosen to be <u>EXCLUDED</u> from Coverage

Militaria di serindite serinde		
Name of Applicant for Building Permit		
Property located at		<u> </u>
1 the City / Town of		
If you are the General Contractor or Principal Employer of nave properly excluded yourself from workers' compensation complete this form and, if applicable, sign the	f a business doing work on the site of the constr tion coverage by filling one of the appropriate for the Affidavit below in the presence of a Notary Pu	uction project at the above-named property and you ms listed below with the Workers' Compensation belief or a Commissioner of the Superior Court.
FIRST CHECK ONE (1) BOX:		
I am: an Officer of a Corporation	a Managèr or Member of an LLC	a Partner in a Business
•		
HEN - CHECK ONE (1) BOX, provide the appr	opriate information, and sign the Affid	avit below:
I have filed the following certificate with the Work	xers' Compensation Commission: poration, a Manager of an LLC, or a Membe	r of a Multiple-Member LLC)
Form 6B (for an Onlice) of a conp		•
Tomicon for a family	AFFIDAVIT	•
· · · · · · · · · · · · · · · · · · ·	require proof of workers' compensation insura ore he or she does work on the site of the const ace with Section 31–286b of the Workers' Compe	
Signature of GENERAL CONTRACTOR or PRINCIPAL EN	MPLOYER Applicant	· · · · · · · · · · · · · · · · · · ·
Name of Business—if applicable		
Federal Employer ID# (FEIN)—if applicable		
Subscribed and swom to before me this	day of	200
	Court	
Signature of Notary Public / Commissioner of the Superior	Court	