



Office of Building Compliance Town of Seymour, Connecticut Plan Review Addendum

Please fill in all applicable information for plan review.

Utilities: Sewer Septic Well City Water Electric O.H Underground

Building Construction Design: Wood Frame Masonry Steel Other _____

Foundation: Depth Below Grade: _____ Above Grade: _____ Material: _____ Footing Size: _____

Wall Thickness: _____ Slab Thickness: _____ Ground Barrier: _____ Insulation: _____

Waterproofing: _____ Drains: _____ Discharge to: _____

Bearing Beams Size: _____ Type: _____ Col. Piers _____ Spacing: _____

Sills: _____ Plates: _____ Exterior Wall Thickness: _____ Spacing O.C. _____

Identified on Plans?: Braced Wall Lines Hold Downs Nail Patterns

1st Floor Joist Size: _____ Spacing O.C.: _____ 2nd Floor: _____ Spacing O.C.: _____

3rd Floor /Attic: _____ Spacing O.C.: _____ Engineered Lumber: _____

Interior Wall: _____ Spacing O.C.: _____ Finish: _____ # of Stair Wells: _____

Rafter Size: _____ Spacing: _____ O.C. _____ Truss Design: _____ Specifications Submitted: Yes No

Exterior wall Sheathing: _____ Roof Sheathing: _____ Roof Covering: _____

Air Barrier: _____ Exterior Insulation: _____ Exterior Siding: _____

Porch/Deck Size: _____ Location: _____ Construction _____

Wall Insulation: _____ Floor Insulation: _____ Attic Insulation: _____

Fire Place / Chimney: _____ Type: _____ Flue: _____ Size: _____

Number of Baths: _____ Fixture Count: _____

Number of Bedrooms: _____ Egress Sizing 1st Floor: _____ 2nd Floor: _____

Number of Garages: _____ Fire separation Material: _____ Level of Garage: _____

Electrical Service Size: _____ Generator Equipped: _____

Fuel Type/ Supply: _____ Tank Capacity: _____ Placement: _____

H.V.A.C: _____ Efficiency Ratings: _____ Hot Water: _____

Energy Efficiency Documentation 2009/IECC: _____ Submitted By: _____

Blower Door Test: Yes No

R106.5: Retention of Documents – In accordance with the provisions of subsection (e) of section 29-261 of the Connecticut general statutes I hereby request the return of the submitted plans upon the issuance of Certificate of Occupancy. Signed: _____ . Date _____

For Office Use Only:

Description of Work as Outlined by Permit Type: _____

Building Plan Review: Yes No # Copies of plans Submitted: _____

CT Code Reviewed Under: _____

Zone: _____ Use: _____ Plot Plan Submitted: Yes No

Driveway Permits # _____ Road Opening for Utilities: Yes No Type: _____

Inland Wetlands Permit #: _____ Wetlands Activity Involved: Yes No

Zoning Permit #: _____ Variance of Zoning: Yes No Date _____

Application Denial: _____ Reason of Action: _____

Authorization to Permit: _____

Request Documentation: _____

Reviewed by

Title

Date