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66 LYON RD

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Certificate of Occupancy

Contractor: Robert Battistoni

Present Address: 66 Lyon Road, Burlington, CT 06013

Owner: Kirsten and Robert Battistoni

This is to certify that the building erected on: 66 Lyon Road

Under building and zoning permit #: 8543A Issued: 10/25/06

Conforms to the Town of Burlington Zoning Regulations and the State of Connecticut Building Code to the best of my knowledge and belief, is hereby approved for occupancy.

Use Group: R-3 Occupant Load: N/A

Type of Construction: 5-B Code Edition: 2003 IRC/2005 SBC

Live Load of Floors:

1st Floor: 40 lbs per sq ft *Other Floors:* 30 lbs per sq ft

Sprinklers?: YES NO

Special Stipulations or Conditions: _____

Bristol Burlington Health District:

Date: 10/23/06 Permit #: none

Design Specifications: Well, Septic, Three Bedrooms

Building Inspector Approval:  Date: 1/27/10

Zoning Officer Approval: _____ Date: _____

Fire Marshall Approval (if necessary): N/A Date: _____

INSPECTION TICKET

666 Lyon Rd
NUMBER & STREET
Robert
CONTACT NAME
307-5872
CONTACT PHONE
11/4/10
INSPECTION DATE
new
PROJECT

NOTES

STRUCTURE: Permit #: 8543A **ELECTRIC:** Permit #: _____
____ Footing / Pier _____ Service
____ Foundation / Drain / Water Proof _____ Underground
____ Slab on Soil _____ Rough
____ Rough Framing _____ Finish
____ Fireplace / Smoke Chamber _____ Fire / Smoke Alarm _____ Test
____ Structural Steel _____ Pool Bonding
____ Roof Covering
____ Siding / Masonry
____ Insulation
____ Dry Wall
____ Above Ceiling
____ Fire Resistant Penetrations
____ C.O.

PLUMBING: Permit #: _____
____ Underground _____ Test
____ Rough _____ Test
____ Finish
____ Fire Sprinklers _____ Test
____ Water Heater

OTHER (Specify):
Need Elect.
plumbing + mech
permits

MECHANICAL: Permit #: _____
____ Rough _____ Test
____ Gas _____ Test
____ Finish
____ Boiler / Furnace
____ Air Conditioning
____ Tank (Oil / Gas) _____ Test
____ Stove (Wood / Pellet / Gas)

Pass: _____ Reject: _____ Re-Inspect:
Issue C.O.: _____ Issue C.A.: _____ Notify CLP: _____

MESSAGE:
insulate basement ceiling, self closing
hinge @ garage door, GFCI garage outlets.

James Skoplar 1-4-10
INSPECTED BY DATE

White - Office Copy Yellow - Field Copy

Application for Electrical Permit

Date of Application: Jan 13 2010

Name of Applicant: Kirsten Battistoni

Telephone Number: 860-507-6171

Address of Applicant: 66 Lyon Road

State License Number: _____

Homeowner Name: Rob-Kirsten Battistoni

Location of Work: 66 Lyon Road

Detailed Description of Work Being Done: 24 x 24 addition (1 bathroom)

Estimated Cost of Work: 3,500

Applicants Signature: K. Battistoni

Permit Fee \$: 40.88

Permit #: 310506

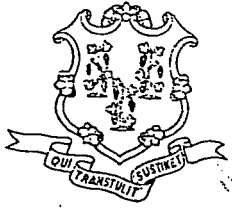
Inspectors Signature: James [Signature]

Date: 11.27.10

Please Note

This permit must be active before the start of any work and is good for a maximum of 21 days from day of issue or as long as the work being done applies/complies to the existing State Building Code.

Failure to comply with any sections of the State Building Code will result in the disconnecting of electrical service. Per the order of the Burlington Building Official.



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 3-17-2006

7A

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

APPLICANT FOR BUILDING PERMIT

Name of Applicant for Building Permit Kirsten Battistoni
Property located at 666 Lyon Rd
In the City / Town of Branford

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 NOT act as the general contractor or principal employer, you are not required to have workers' compensation insurance coverage.

CHECK ONE (1) BOX ONLY and complete the following:

I am the OWNER of the above-named property. I WILL NOT act as the general contractor or principal employer.

Signature of OWNER Applicant K. Battistoni

I am the SOLE PROPRIETOR of a business doing work at the above-named property. I WILL NOT act as the general contractor or principal employer.

Name of Business _____

Federal Employer ID# (FEIN) _____

Signature of SOLE PROPRIETOR Applicant _____

Town of Burlington
200 Spielman Highway • Burlington, CT 06013 • 860-673-6789

Application for Plumbing Permit

Date of Application: Jan 13 2010
Name of Applicant: Kirsten Battistoni
Telephone Number: 860-507-6171
Address of Applicant: 166 Lyon Road
State License Number:
Homeowner Name: Rob-Kirsten Battistoni
Location of Work: *Upstairs master bath
166 Lyon Road
Type of Work:

Applicants Signature: K. Battistoni

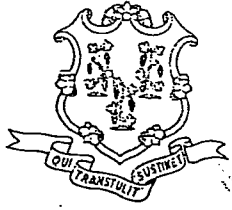
Estimated Cost of Work: 3,000

Permit Fee \$: 30.00

Permit #: 310567

Inspectors Signature: James Sena

Date: 1/27/10



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 3-17-2006

7A

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

APPLICANT FOR BUILDING PERMIT

Name of Applicant for Building Permit Kirstin Battistoni

Property located at 66 York Rd

In the City / Town of Burlington

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 NOT act as the general contractor or principal employer, you are not required to have workers' compensation insurance coverage.

CHECK ONE (1) BOX ONLY and complete the following:

I am the OWNER of the above-named property. I WILL NOT act as the general contractor or principal employer.

Signature of OWNER Applicant K Battistoni

I am the SOLE PROPRIETOR of a business doing work at the above-named property. I WILL NOT act as the general contractor or principal employer.

Name of Business _____

Federal Employer ID# (FEIN) _____

Signature of SOLE PROPRIETOR Applicant _____

TOWN OF BURLINGTON

BUILDING DEPARTMENT APPLICATION FOR HEATING PERMIT

Name of Applicant Michael Edwin Phone No. 693-1494
Address of Applicant 27 South St Collinsville Ct
State License No. 0309134
Home Owner's Name Weaver
Location of Work 66 Lyons Rd
Type of Heat Hot Water Hot Air Other
Size of Boiler or Furnace WBV-03-119,000 B.T.U. - Make Peckess / Corlin Burner
Type of Fuel oil
Domestic Hot Water by Oil Electric Solar
coil

Applicants Signature _____

DO NOT WRITE BELOW THIS LINE

Estimated Cost of Work 2500 Permit Fee 30.00
Inspectors Signature Charles Linchford Date 4-30-99
Permit No. 1748

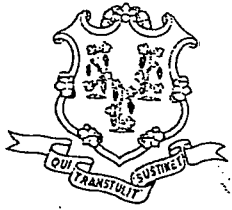
Town of Burlington
200 Spielman Highway • Burlington, CT 06013 • 860-673-1000

Application for Mechanicals

Date of Application: Jan 13 2010
Name of Applicant: Kirsten Battistoni
Telephone Number: 860-507-6171
Address of Applicant: 66 Lyon Road
State License Number:
Homeowner Name: Rob - Kirsten Battistoni
Location of Work: 66 Lyon Road
Type of Work: Roof Flooring 24x24 addition

Applicants Signature: K. Battistoni

Estimated Cost of Work: 1,000
Permit Fee \$: 10.00
Permit #: 310905
Inspectors Signature: James Simon
Date: 01/14/10



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 3-17-2006

7A

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

APPLICANT FOR BUILDING PERMIT

Name of Applicant for Building Permit Kirsten Battistoni
Property located at Lele wgon rd
In the City / Town of Burlington

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 NOT act as the general contractor or principal employer, you are not required to have workers' compensation insurance coverage.

CHECK ONE (1) BOX ONLY and complete the following:

I am the OWNER of the above-named property. I WILL NOT act as the general contractor or principal employer.

Signature of OWNER Applicant K. Battistoni

I am the SOLE PROPRIETOR of a business doing work at the above-named property. I WILL NOT act as the general contractor or principal employer.

Name of Business _____

Federal Employer ID# (FEIN) _____

Signature of SOLE PROPRIETOR Applicant _____

TOWN OF BURLINGTON

Building and Sanitation Dept.

BURLINGTON, CONNECTICUT 06013

Building Official
ALBERT P. STANLEY
TOWN OFFICE BUILDING
Rt. 4, R.F.D. 1
Burlington, Conn. 06013
Tel. 673-1000

APPLICATION FOR WOOD BURNING UNIT PERMIT

Name of Applicant RUSSELL E. WEAVER Phone 673-1076
Address of Applicant 66 LYON RD BURLINGTON, CT. 06013
Owner's Name HERBERT F. WEAVER
Owner's Address 61 LYON RD, BURLINGTON, CT. 06013
Type of Unit VERMONT CASTING - WOOD
Location of Unit 2ND FLOOR LIVING ROOM

Applicant's Signature Russell Weaver
Herbert F. Weaver

Do not write below this line

Inspector's Signature Albert P. Stanley Date 7/8/86

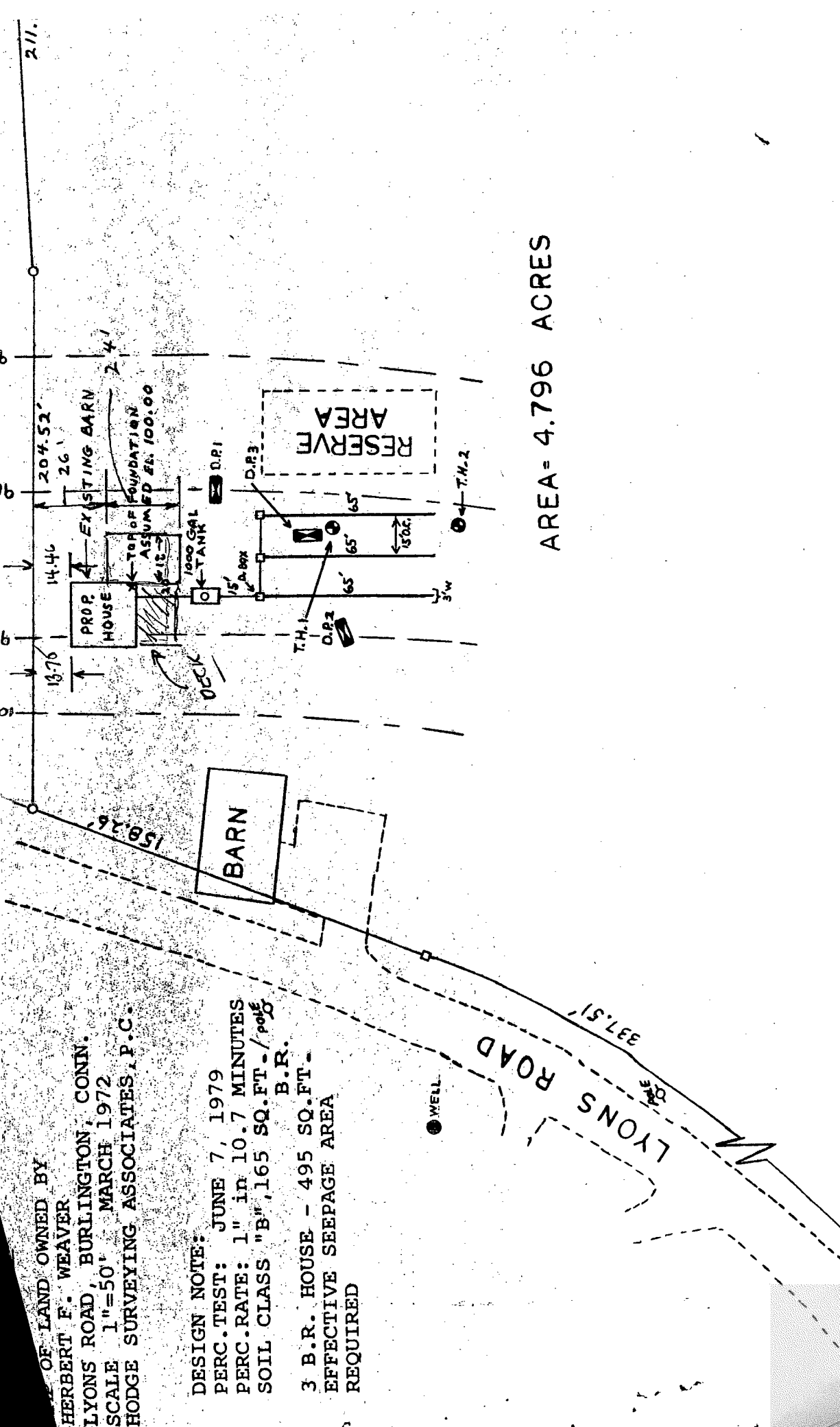
Permit # 314 FEE \$2.00

INSPECTED AND APPROVED

Building Official

OF LAND OWNED BY
 HERBERT F. WEAVER
 LYONS ROAD, BURLINGTON, CONN.
 SCALE 1"=50' MARCH 1972
 HODGE SURVEYING ASSOCIATES, P.C.

DESIGN NOTE:
 PERC. TEST: JUNE 7, 1979
 PERC. RATE: 1" in 10.7 MINUTES
 SOIL CLASS "B", 165 SQ. FT. / pole
 B.R.
 3 B.R. HOUSE - 495 SQ. FT. -
 EFFECTIVE SEEPAGE AREA
 REQUIRED



AREA = 4.796 ACRES

368.34' STONE WALL
 191.83'

PROPOSED SEPTIC SYSTEM:
 1000 GALLON CONCRETE TANK
 TOTAL OF 195' OF LEACHING
 TRENCH @ 3' WIDE AS SHOWN.

JUNE 12, 1979
 ROBERT W. PROCTOR, R
 CONN.

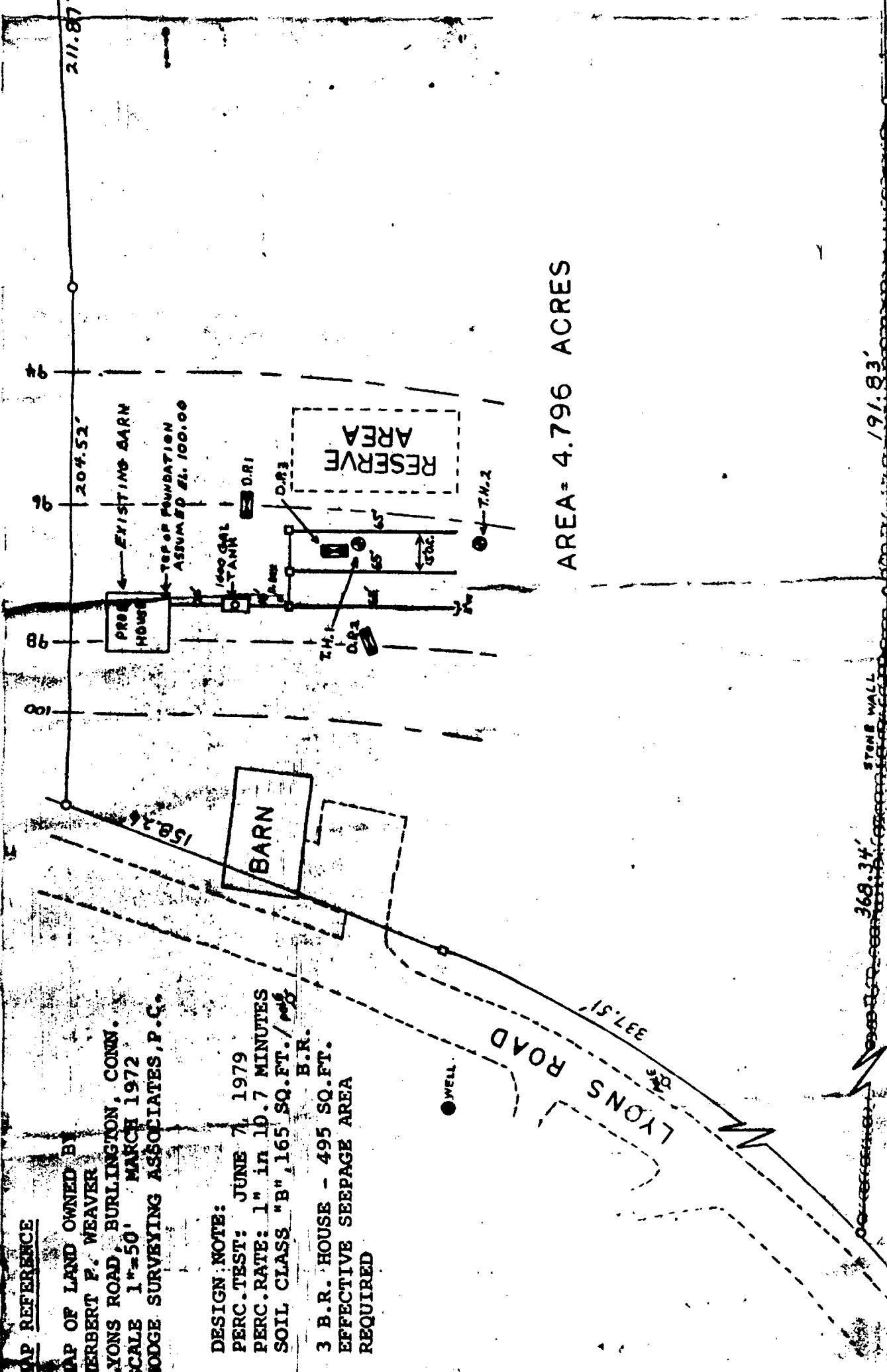
MAP REFERENCE

MAP OF LAND OWNED BY
HERBERT F. WEAVER
LYONS ROAD, BURLINGTON, CONN.
SCALE 1"=50' MARCH 1972
HODGE SURVEYING ASSOCIATES, P.C.

DESIGN NOTE:
PERC. TEST: JUNE 7, 1979
PERC. RATE: 1" in 10.7 MINUTES
SOIL CLASS "B", 165 SQ. FT. / 100' B.R.

3 B.R. HOUSE - 495 SQ. FT.
EFFECTIVE SEEPAGE AREA
REQUIRED

AREA = 4.796 ACRES



PROPOSED SEPTIC SYSTEM:
1000 GALLON CONCRETE TANK
TOTAL OF 195' OF LEACHING
TRENCH @ 3' WIDE AS SHOWN.

JUNE 12, 1979
ROBERT W. PROCTOR, R.S.
Robert W. Proctor
CONN. RE

APPLICATION FOR BUILDING PERMIT

Name of Applicant HERBERT F. WEAVER

Present Address LYON RD. Phone No. _____

Purpose of Permit RAZE 3 CHICKEN COOPS

Location of Work LYON RD. - EAST SIDE ADJACENT TO BARN

specify exact location of structure

Cost of Construction (include your own labor time in estimate) \$ _____

Answer the following if permit application is for new dwelling

Dwelling Type: Cape Cod Ranch Two Story Split Level Other _____

Construction: Frame Brick Brick Veneer Masonry Other _____

Foundation Size: _____ ft. x _____ ft. Found. Mat'l. _____ Full Basement

Lot Size: _____ ft. wide x _____ ft. deep. No. of Families _____ No. of Rooms _____

Garage Size: _____ ft. x _____ ft. Attached Detached Basem't. No. Com'l. Vehicles _____

Heating: Warm Air Hot Water No. Fireplaces _____ No. Chimney Flues _____

Fuel: Coal Oil Elec. Other _____ Dom. Hot Water By: Elec. Gas Oil

Septic System: Cesspool Tank Tank Mat'l. _____ Tank Cap. _____ gal

Wiring: 110v. 220v. 440v. BX Cable Romex No. of Circuits _____

Remarks: RAZED BY OWNER

Herbert F. Weaver Applicant's Signature

Do not write in this space

See Attached Permit # 831

Date to Zoning Commission _____ Plot Plan THO 1st Endors. _____

Action by the Commission _____

Permit Fee \$ 1.00 C. of O. Fee \$ _____ Permit No. 1188 Valid Date 9/28/71

THO 2nd Endors. _____ Bldg. Insp. _____ C.O. Granted _____ Filed _____

Remarks: _____

If requested permit is to cover repairing or alteration of existing structure describe briefly the nature of the work to be done, the additional square footage to be created and any other information which may be of help toward processing your application.

If requested permit is to cover the construction of a garage or outbuilding, state the square foot area of new structure, height of structure, and indicate its proximity to lot front, rear and sidelines.

If requested permit is to cover a business or industrial facility, describe the building or structure fully, submit architect's plans if possible and submit plot plan covering water and sewage facilities as for a new dwelling.

If requested permit is for a trailer or mobilr home, submit Plot Plan as for new dwelling, indicate exact location of unit on plot and sign below:

To the Zoning Commission: It is my understanding that a permit issued for a new trailer or mobile home will be valid for but one full year from the date of issue, and that, at the discretion of the Zoning Commission, such permit may be renewed for a maximum of two one-year-periods following the original year of issue.

Dated _____

At Town of Burlington _____

Applicant's Signature _____

TOWN OF BURLINGTON

BUILDING DEPARTMENT APPLICATION FOR HEATING PERMIT

Name of Applicant DON TWIGGS Phone No. 5849236
Address of Applicant 448 Fall Mt Rd BRISTOL
State License No. SI 302328
Home Owner's Name Russ Weaver
Location of Work 66 LYON RD
Type of Heat Hot Water Hot Air Other
Size of Boiler or Furnace 113000 B.T.U. - Make - UTICA
Type of Fuel oil
Domestic Hot Water by Oil Electric Solar

Applicants Signature Don Twigg

DO NOT WRITE BELOW THIS LINE

Estimated Cost of Work 3000⁰⁰ Permit Fee 20.00
Inspectors Signature Charles Buchaber JH Date 8/3/88
Permit No. ~~776~~
778

TOWN OF BURLINGTON

BUILDING DEPT.

BURLINGTON, CONNECTICUT

666 Lyon Rd.

Building Inspector

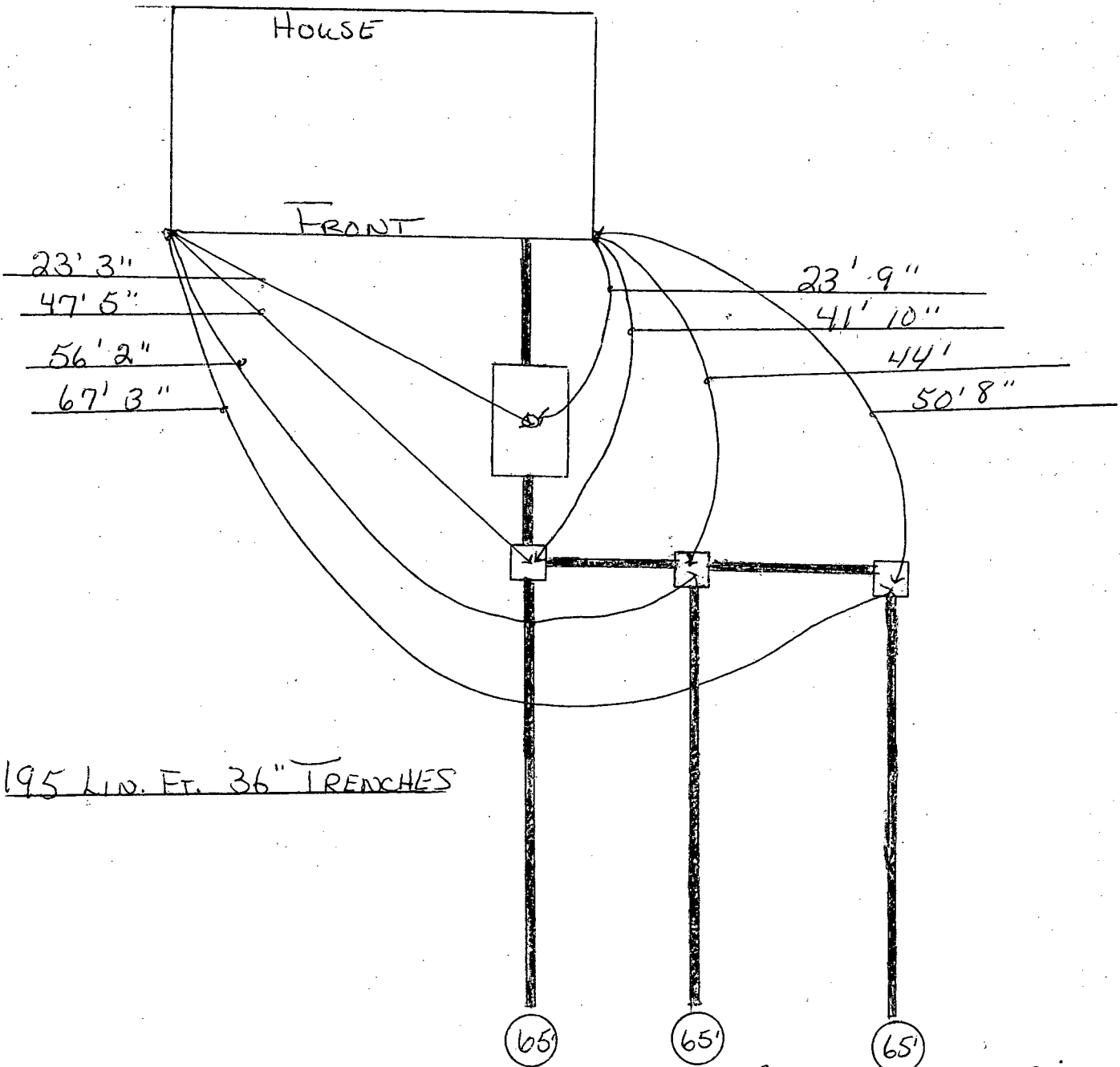
ALBERT P. STANLEY

RFD No. 1, Route 4

Burlington, CT 06013

HERB WEAVER - LYON RD - GUEST HOUSE

1/2/80



NOT TO SCALE

PUMP TANK EVERY 2 OR 3 YEARS

Final Approval
1/2/80
A.P. Stanley

5-11/18-1

Town of Burlington

APPLICATION FOR BUILDING PERMIT

Name of Applicant Kirsten A Campbell / Robert Battistoni
 Present Address 66 Lyon Road Phone No. 860-597-8089
 Purpose of Permit Building Addition
 Location of Work 66 Lyon Road Burlington CT 06013
 Cost of Construction (include your own labor time in estimate) \$ 65,000
 (specify exact location of structure)

Answer the following if permit application is for new dwelling

Dwelling Type: Cape Cod Ranch Two Story Split Level Other _____
 Construction: Frame Brick Brick Veneer Masonry Other _____
 Foundation Size: 24 ft. x 28 ft. Found. Mat'l Concrete Full Basement
 Lot Size: 150 ft. wide x 416 ft. deep. No. of Families 1 No. of Rooms 7
 Garage Size: 24 ft. x 24 ft. Attached Detached Basem't. No. of Comm. Vehicles _____

Heating: Warm Air Hot Water Electric No. Fireplaces 1 No. Chimney Flues 2
 Fuel: Gas Oil Elec. Other _____ Dom. Hot water by: Elec. Gas Oil
 Septic System: Tank Tank Mat'l Concrete Tank Cap. 1000 Gal.
 Wiring: 110v. 220v. 440v. BX Cable Romex No. of Circuits _____
 Remarks: _____

Floodplain: N , Y , Description: _____ Applicant's Signature K Campbell Rob Battistoni

Do not write in this space

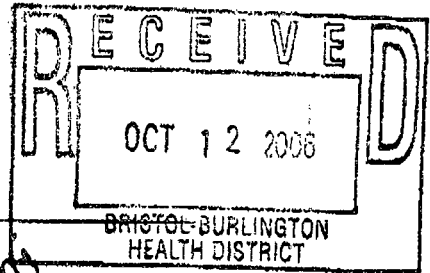
Footing Inspection _____	Date Inspected _____
Foundation Coating & Insulation _____	Date Inspected _____
Insulation Inspection _____	Date Inspected _____
Plumbing Permit - Date Issued _____	Date Inspected _____
Heating Permit - Date Issued _____	Date Inspected _____
Electrical Permit - Date Issued _____	Date Inspected _____
Septic Permit - Date Issued _____	Date Inspected _____
Permit Fee \$ <u>660.40</u> Permit No. <u>8543-A</u>	Date Inspected _____
Certificate of Occupancy Granted _____	Valid Date <u>10/25/06</u>
Remarks: _____	Filed _____



BRISTOL-BURLINGTON HEALTH DISTRICT

240 Stafford Avenue
Bristol, Connecticut 06010-4617
Tel. (860) 584-7682 • Fax (860) 584-3814

PERMIT TO CONSTRUCT



OWNERS NAME: K. Campbell / R. Ballistoni

ADDRESS: 66 Lyon Rd meets the requirements

for a subsurface disposal system OR building addition.
LOCATED AT: 66 Lyon Rd TOWN: Burlington

A PERMIT TO INSTALL THE SEPTIC SYSTEM MUST BE OBTAINED BY THE INSTALLER PRIOR TO INSTALLATION.

SEPTIC: X yes

SIGNATURE OF OWNER: [Signature]

WELL: X yes

SANITARIAN: [Signature]

of Bedrooms: 3
3 Total after addition

DATE ISSUED: 10/23/06

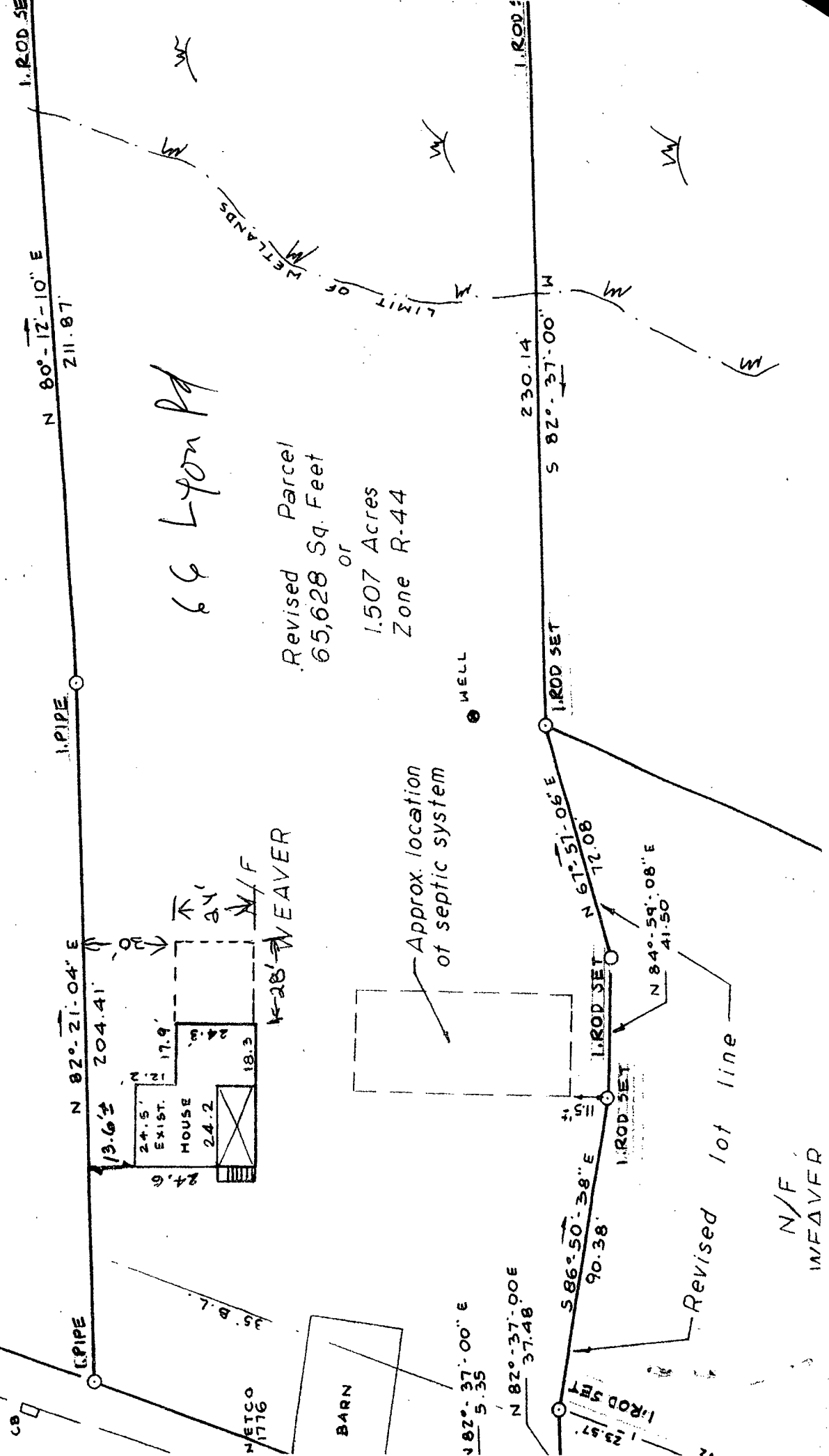
Permit valid for a period of one year from the date of issuance and shall terminate and expire upon a failure to start construction of the septic system within that period. Permit may be renewed for an additional one year period by the local director of health upon demonstration of reasonable cause for the failure to start construction within the one year period.

Copies: () Engineer () Owner () Building Dept. B-100 Building Addition or Accessory Structure

Revised: 02/2006 (R16)

NW

N/F
KARL H. & CONSTANCE L. NEUHAUSSER



TOWN OF BURLINGTON

BUILDING DEPARTMENT APPLICATION FOR PLUMBING PERMIT

Name of Applicant DON TWIGGS Phone No. 5849236
 Address of Applicant 448 FALL MOUNTAIN RD BRISTOL
 State License No. P1 202328
 Owners Name RUSS WEAVER
 Location of Work 66 LYON RD

TYPE OF MATERIALS & SIZE

Waste Lines ABS
 Venting 4
 Water Lines Copper
 Number of Baths 1 1/2

Applicants Signature Don Twigg

Do Not Write Below This Line

Estimated Cost of Work 2000~~0~~ Permit Fee 15.00
 Inspectors Signature Charles Reichofer Date 8/3/88
 Permit No. 1018

TOWN OF BURLINGTON

BUILDING DEPARTMENT APPLICATION FOR ELECTRICAL PERMIT

Name of Applicant HERBERT F. WEAVER Phone No. 673-3806

Address of Applicant 66 LYON ROAD, BURLINGTON, CT. 06013

State License No. _____

Owners Name HERBERT F. WEAVER

Location of Work 66 LYON ROAD, BURLINGTON, CT. 06013

Number of Volts 110 [] 11 220 [] 440 []

Number of Circuits _____ Service (OH) (UG) Amp. _____

Water by Electric Yes [X] No []

Heat by Electric Vac [X] No []

REMARKS:

WIRING IS FOR NEW ADDITION, 200 AMP SERVICE
ALREADY INSTALLED IN EXISTING BUILDING

Applicants Signature Herbert F. Weaver

Do Not Write Below This Line

Estimated Cost of Work \$1000.-

Permit Fee 10.00

Inspectors Signature Charles Kurchales

Date 8/16/88

Permit No. 14882

HERB WEAVER

5-11-18

East side

Town of Burlington

#66

APPLICATION FOR BUILDING PERMIT

Name of Applicant Albert E Brunoli

Present Address Vineyard Rd Phone No. 6739640

Purpose of Permit Renovation of an existing structure

Location of Work Herb Weaver's Lyons Rd

Cost of Construction (include your own labor time in estimate) \$ 8,000.00
(specify exact location of structure)

Answer the following if permit application is for new dwelling

Dwelling Type: Cape Cod Ranch Two Story Split Level Other _____

Construction: Frame Brick Brick Veneer Masonry Other _____

Foundation Size: 24 ft. x 24 ft. Found. Mat'l stones crete Full Basement

Lot Size: _____ ft. wide x _____ ft. deep. No. of Families 1 No. of Rooms 3

Garage Size: None ft. x _____ ft. Attached Detached Basem't. No. of Comm. Vehicles _____

Heating: Warm Air Hot Water Electric No. Fireplaces _____ No. Chimney Flues _____

Fuel: Coal Oil Elec. Other _____ Dom. Hot water by: Elec. Gas Oil per Plan

Septic System: Cesspool Tank Tank Mat'l concrete Tank Cap. 1070, 00 Gal.

Wiring: 110v. 220v. 440v. BX Cable Romex No. of Circuits 5

Remarks: Reframe existing Deck; Make supporting center beam strong enough to carry 2nd fl living area. Add ^{new} deck ^{4x24} ^{4x16} to existing building. New stair case between upper & lower utility area (per floor plan.)

Applicant's Signature Albert E Brunoli

See Attached Permit # 1623

Do not write in this space

Footing Inspection _____	Date Inspected _____
Plumbing Permit - Date Issued <u>8/13/79 #316</u>	Date Inspected <u>8/13/79 11/15/79</u>
Heating Permit - Date Issued <u>ELEC.</u>	Date Inspected <u>6/10/80</u>
Electrical Permit - Date Issued <u>9/5/79 #416</u>	Date Inspected <u>11/15/79</u>
Septic Permit - Date Issued <u>12/20/79 #386</u>	Date Inspected <u>1/2/80</u>
Permit Fee \$ <u>45.00</u> Permit No. <u>2458</u>	Valid Date <u>7/18/79</u>
THO 1st Endorsement _____	THO 2nd Endorsement <u>1/2/80</u>
Certificate of Occupancy Granted <u>6/10/80</u>	Filed <u>6/11/80</u>

Remarks: EXISTING WATER SUPPLY

If requested permit is to cover repairing or alteration of existing structure describe briefly the nature of the work to be done, the additional square footage to be created and any other information which may be of help toward processing your application.

If requested permit is to cover the construction of a garage or outbuilding, state the square foot area of new structure, height of structure, and indicate its proximity to lot front, rear and sidelines.

If requested permit is to cover a business or industrial facility, describe the building or structure fully, submit architect's plans if possible and submit plot plan covering water and sewage facilities as for new dwelling.

If requested permit is for a trailer or mobile home, submit Plot Plan as for new dwelling, indicate exact location of unit on plot and sign below:

To the Zoning Commission: It is my understanding that a permit issued for a new trailer or mobile home will be valid for but one full year from the date of issue, and that, at the discretion of the Zoning Commission, such permit may be renewed for a maximum of two one-year-periods following the original year of issue.

Dated _____ At the Town of Burlington _____

Applicant's Signature

BUILDING PERMIT

Name of Applicant HERBERT F. WEAVER
 Present Address 66 LYON ROAD, BURLINGTON, CT Phone No. 673-3
 Purpose of Permit ADDITION + REBUILT DECK
 Location of Work 66 LYON ROAD, BURLINGTON, CT
 Cost of Construction (include your own labor time in estimate) \$ 50,000.-
 (specify exact location of structure) _____

Answer the following if permit application is for new dwelling

Dwelling Type: Cape Cod Ranch Two Story Split Level Other _____
 Construction: Frame Brick Brick Veneer Masonry Other _____
 Foundation Size: _____ ft. x _____ ft. Found. Mat'l _____ Full B _____
 Lot Size: _____ ft. wide x _____ ft. deep. No. of Families _____ No. of R _____
 Garage Size: _____ ft. x _____ ft. Attached Detached Basem't. No. of Con _____
 Vehicles _____
 Heating: Warm Air Hot Water Electric No. Fireplaces _____ No. Chim _____
 Fuel: Coal Oil Elec. Other _____ Dom. Hot water by: Elec. Gas
 Septic System: Cesspool Tank Tank Mat'l _____ Tank Cap. _____
 Wiring: 110v. 220v. 440v. BX Cable Romex No. of Circuits _____
 Remarks: ADDITION 15' x 24'
REBUILT DECK 12' x 24'

Square Feet @ .05 288 2 14.40
 Square Feet @ .40 864 2 86.40

Applicant's Signature Herbert F. Weaver

See Attached Permit # 11884 831

Do not write in this space

Footing Inspection _____
 Foundation Coating & Insulation _____
 Insulation Inspection _____
 Plumbing Permit - Date Issued 8/3/88 # 1017
 Heating Permit - Date Issued 8/3/88 # 776
 Electrical Permit - Date Issued 8/16/88 # 1482
 Septic Permit - Date Issued _____
 Permit Fee \$ 100.80 Permit No. 4250
 Certificate of Occupancy Granted _____

Date Inspected 7/22/88
 Date Inspected _____
 Date Inspected _____
 Date Inspected 8/18/88
 Date Inspected _____
 Date Inspected 8/25/88
 Date Inspected _____
 Valid Date _____
 Filed _____

Remarks: Done K

If requested permit is to cover repairing or alteration of existing structure describe briefly the nature of the work to be done, the additional square footage to be created and any other information which may be of help toward processing your application.

If requested permit is to cover the construction of a garage or outbuilding, state the square foot area of new structure, height of structure, and indicate its proximity to lot front, rear and sidelines.

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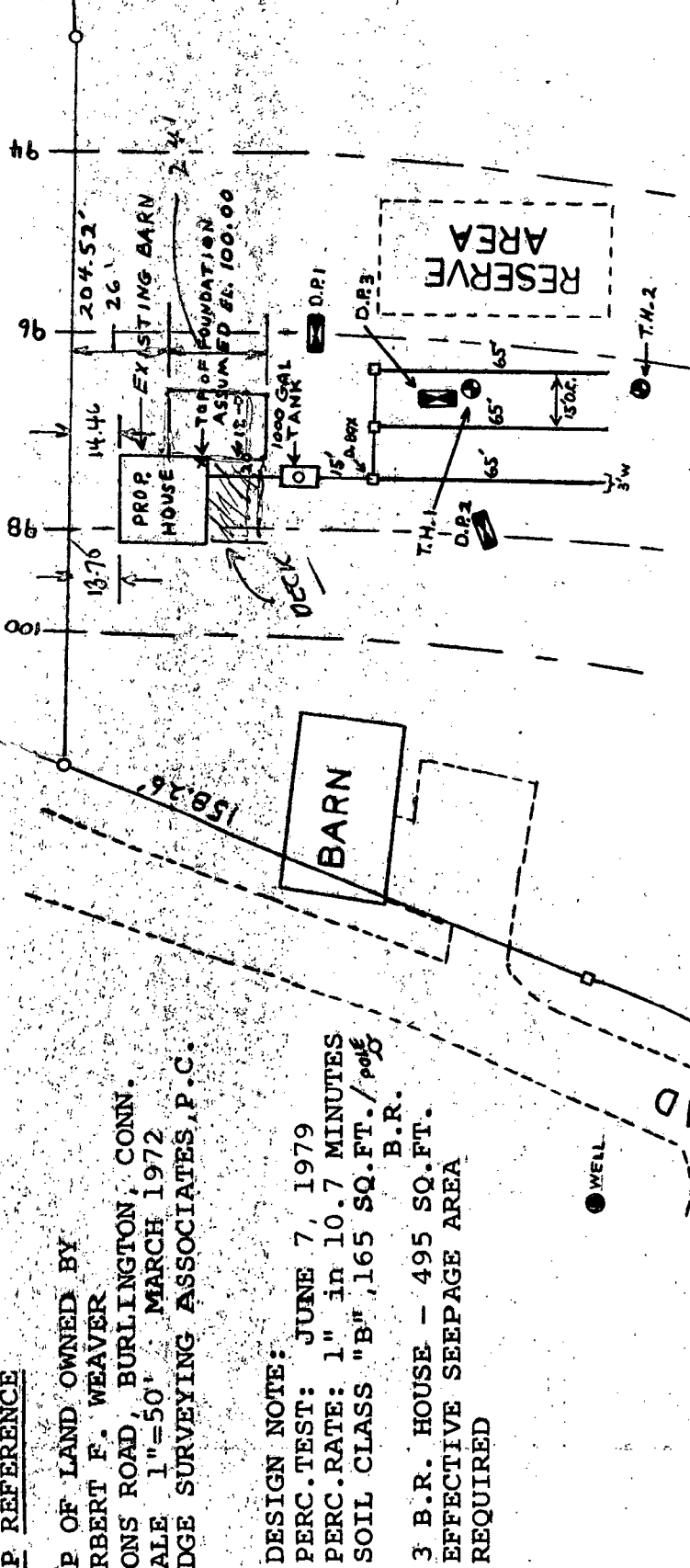
Dated _____ At the Town of Burlington _____
Applicant's Signature

MAP REFERENCE

MAP OF LAND OWNED BY
HERBERT F. WEAVER
LYONS ROAD, BURLINGTON, CONN.
SCALE 1"=50' MARCH 1972
HODGE SURVEYING ASSOCIATES, P.C.

DESIGN NOTE:

PERC. TEST: JUNE 7, 1979
PERC. RATE: 1" in 10.7 MINUTES
SOIL CLASS "B", 165 SQ. FT. / pole
B.R.
3 B.R. HOUSE - 495 SQ. FT.
EFFECTIVE SEEPAGE AREA
REQUIRED



AREA = 4.796 ACRES

PROPOSED SEPTIC SYSTEM:
1000 GALLON CONCRETE TANK
TOTAL OF 195' OF LEACHING
TRENCH @ 3' WIDE AS SHOWN.

JUNE 12, 1979
ROBERT W. PROCTOR,
CONN

24'

KITCHEN AREA

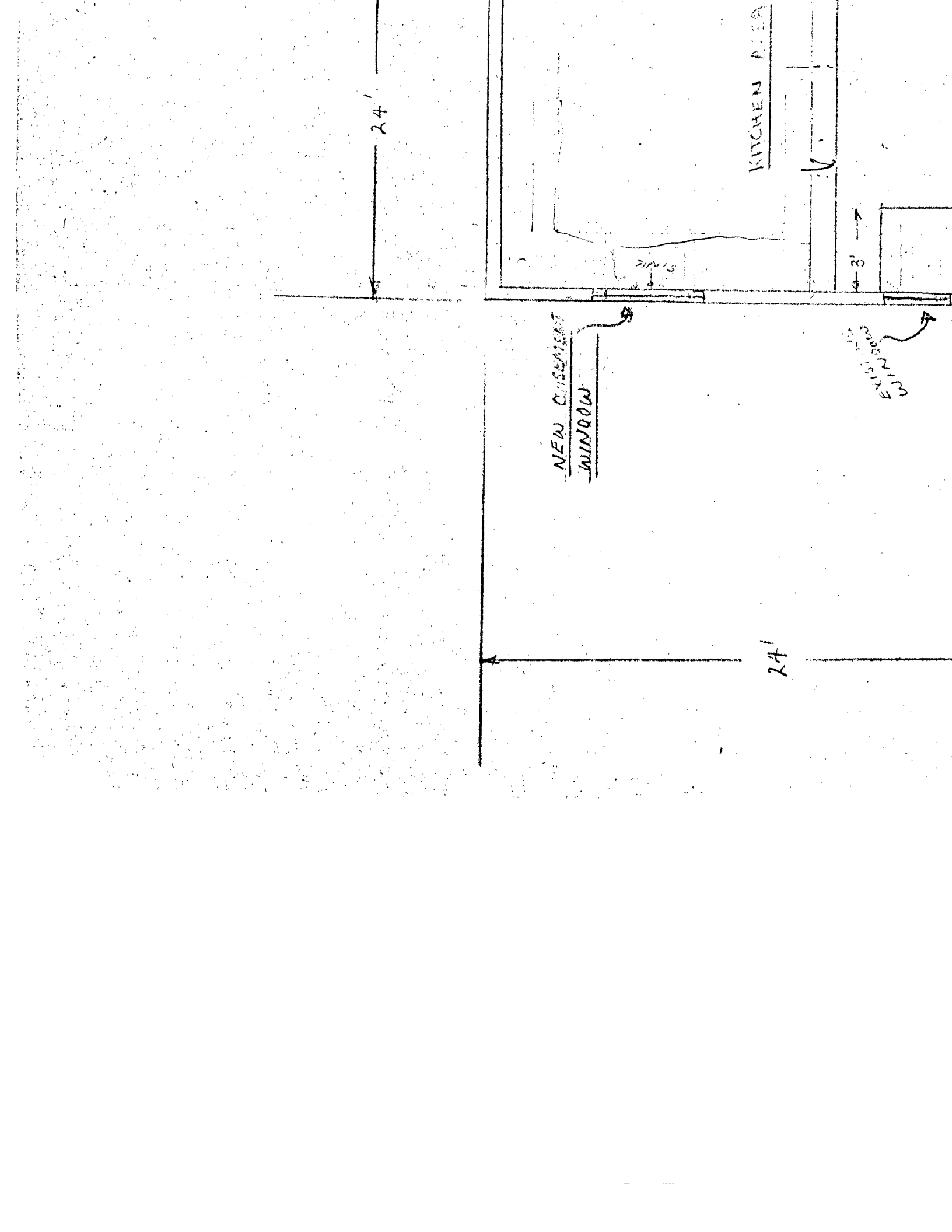
11'

3'

NEW CEMENT
WINDOW

EXISTING
WINDOW

24'



WINDOWS UNIT SIZE,
BED RM.

24'

12' 6"

BED ROOM

