



## Property Information      Request Information      Update Information

File#:	BS-X01672-4020344460	Requested Date:	06/14/2024	Update Requested:
Owner:	KIRSTEN BATTISTONI	Branch:		Requested By:
Address 1:	66 LYON RD	Date Completed:		Update Completed:
Address 2:		# of Jurisdiction(s):		
City, State Zip:	BURLINGTON, CT	# of Parcel(s):	1	

## Notes

CODE VIOLATIONS      Per City of Burlington Zoning Department there are no Code Violation cases on this property.

Collector: City of Burlington Zoning Department  
Payable: 200 Spielman Hwy, Burlington, CT 06013  
Business# (860)-673-1000

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED.

PERMITS      Per City of Burlington Building Department there are no Open/Pending/ Expired Permit on this property.

Collector: City of Burlington Building Department  
Payable: 200 Spielman Hwy, Burlington, CT 06013  
Business# (860)-673-1000

SPECIAL ASSESSMENTS      Per City of Burlington Tax Collector there are no Special Assessments/liens on the property.

Collector: City of Burlington Tax Collector  
Payable: 200 Spielman Highway Burlington, CT 06013  
Business# (860)-673-6789

UNABLE TO PROVIDE DOCUMENTATION TO THIRD PARTIES. VERBAL INFO ACQUIRED.

DEMOLITION      NO

UTILITIES      WATER AND SEWER  
THE HOUSE IS ON A COMMUNITY WATER & SEWER. ALL HOUSES GO TO A SHARED WELL & SEPTIC SYSTEM.

GARBAGE  
Garbage bills are included in the real estate property taxes

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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:

1<sup>st</sup> 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.

**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

**INSPECTION TICKET**

Ude Wyonna  
NUMBER & STREET  
Robert  
CONTACT NAME  
307-5878  
CONTACT PHONE  
126 addition  
PROJECT

27  
1/27/10  
INSPECTION DATE

INSPECTION TIME

NOTES

<b>STRUCTURE:</b> Permit #: <u>8543-A</u>	<b>ELECTRIC:</b> Permit #: <u>310565</u>
<input type="checkbox"/> Footing / Pier	<input type="checkbox"/> Service
<input type="checkbox"/> Foundation / Drain / Water Proof	<input type="checkbox"/> Underground
<input type="checkbox"/> Slab on Soil	<input type="checkbox"/> Rough
<input type="checkbox"/> Rough Framing	<input type="checkbox"/> Finish
<input type="checkbox"/> Fireplace / Smoke Chamber	<input type="checkbox"/> Fire / Smoke Alarm <input type="checkbox"/> Test
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Pool Bonding
<input type="checkbox"/> Roof Covering	
<input type="checkbox"/> Siding / Masonry	<b>PLUMBING:</b> Permit #: <u>310567</u>
<input type="checkbox"/> Insulation	<input type="checkbox"/> Underground <input type="checkbox"/> Test
<input type="checkbox"/> Dry Wall	<input type="checkbox"/> Rough <input type="checkbox"/> Test
<input type="checkbox"/> Above Ceiling	<input type="checkbox"/> Finish
<input type="checkbox"/> Fire Resistant Penetrations	<input type="checkbox"/> Fire Sprinklers <input type="checkbox"/> Test
<input checked="" type="checkbox"/> C.O. reinspect	<input type="checkbox"/> Water Heater

<b>OTHER (Specify):</b>	<b>MECHANICAL:</b> Permit #: <u>310565</u>
<input type="checkbox"/>	<input type="checkbox"/> Rough <input type="checkbox"/> Test
<input type="checkbox"/>	<input type="checkbox"/> Gas <input type="checkbox"/> Test
<input type="checkbox"/>	<input type="checkbox"/> Finish
<input type="checkbox"/>	<input type="checkbox"/> Boiler / Furnace
<input type="checkbox"/>	<input type="checkbox"/> Air Conditioning
<input type="checkbox"/>	<input type="checkbox"/> Tank (Oil / Gas) <input type="checkbox"/> Test
<input type="checkbox"/>	<input type="checkbox"/> Stove (Wood / Pellet / Gas)

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

MESSAGE: previous items from 1/4/10 inspection have been corrected

Jim Lannon 1-27-10  
INSPECTED BY DATE

**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: 24x24 addition (1 bathroom)

Estimated Cost of Work: 3,500

Applicants Signature: K. Battistoni

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Permit Fee \$: 40.88

Permit #: 310506

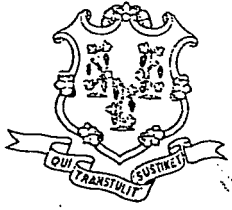
Inspectors Signature: James [Signature]

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: 106 Lyon Road  
State License Number:  
Homeowner Name: Rob-Kirsten Battistoni  
Location of Work: \*Upstairs master bath  
106 Lyon Road  
Type of Work:

Applicants Signature: K. Battistoni

Estimated Cost of Work: 3,000

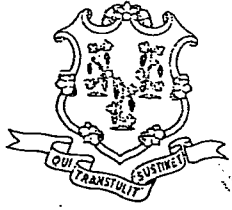
Permit Fee \$: 30.00

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

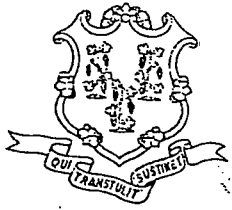
Inspectors Signature Charles Linchford Date 4-30-99

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: Rad 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

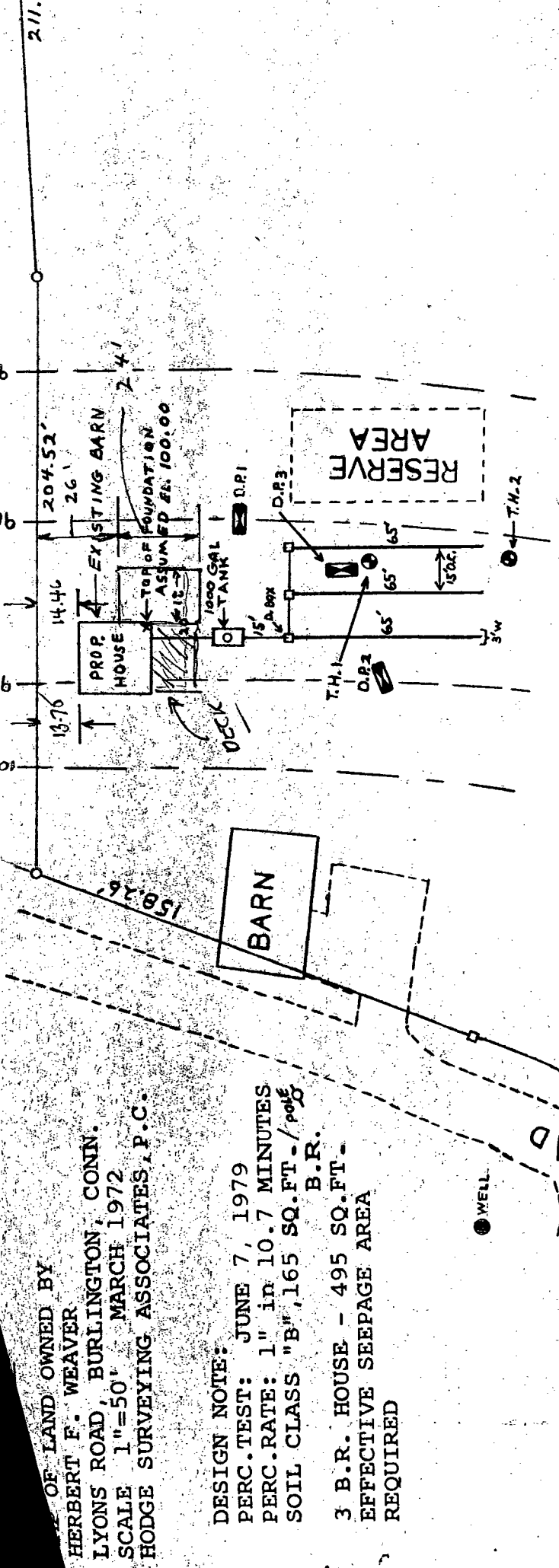
Permit # 314 FEE \$2.00

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: JUNE 7, 1979  
 PERC. TEST: 1" in 10.7 MINUTES  
 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.

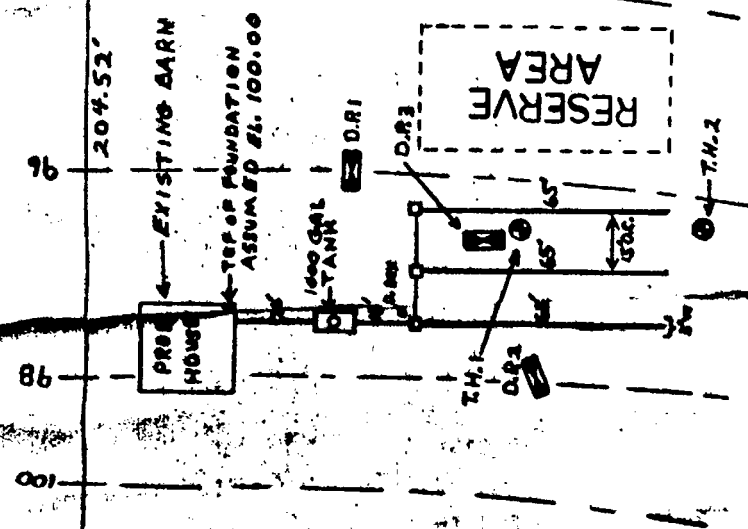
JUNE 12, 1979  
 ROBERT W. PROCTOR, R  
 CONN.

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.

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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 3000<sup>00</sup> 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

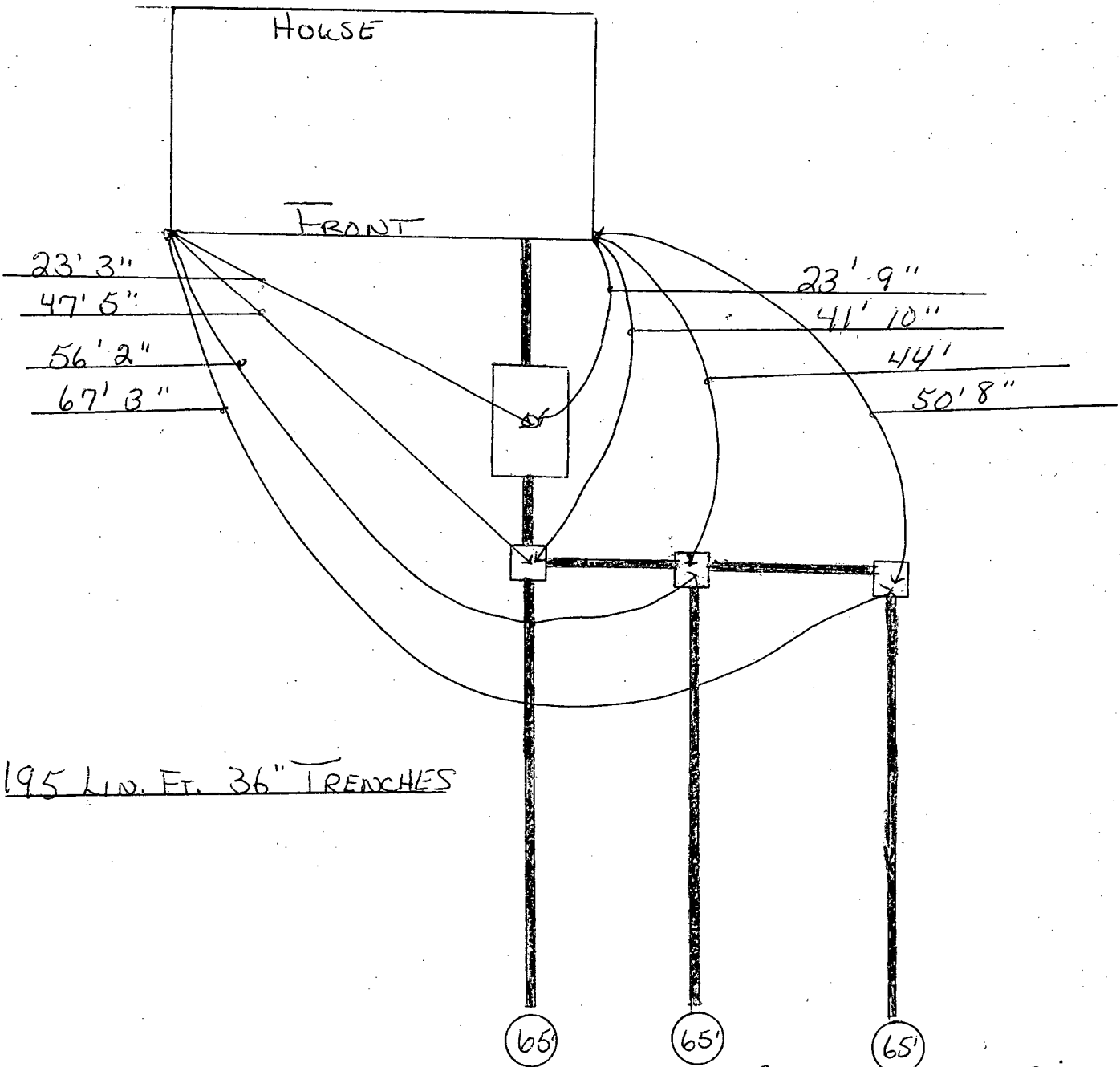
ALBERT P. STANLEY

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

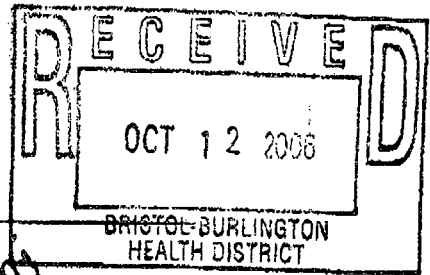
Footing Inspection _____	Date Inspected _____
Foundation Coating & Insulation _____	Date Inspected _____
Insulation Inspection _____	Date Inspected _____
Plumbing Permit - Date Issued _____	Date Inspected _____
Heating Permit - Date Issued _____	Date Inspected _____
Electrical Permit - Date Issued _____	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. Ballister

ADDRESS: 66 Lyon Rd meets the requirements

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

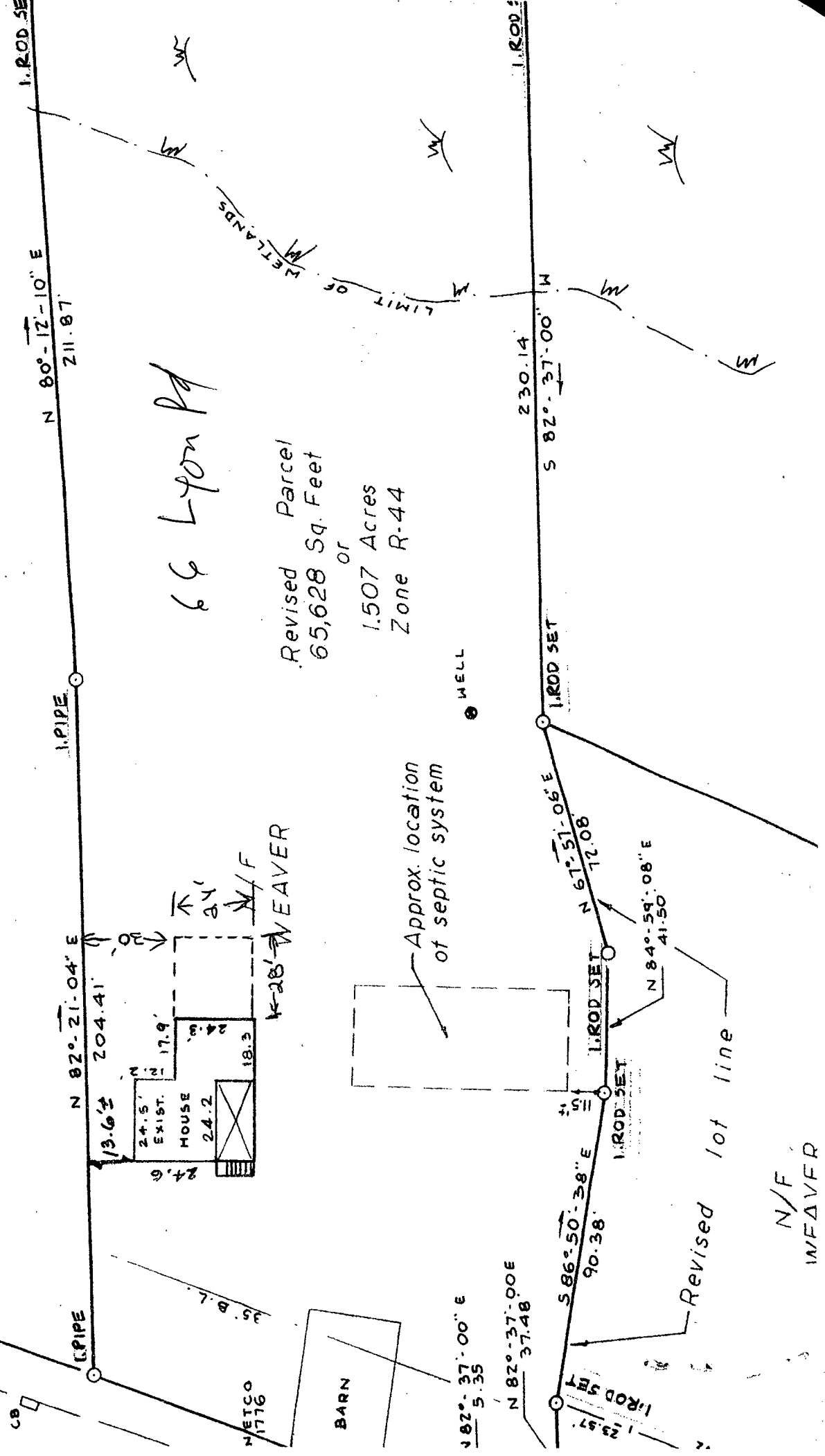
Permit valid for a period of one year from the date of issuance and shall terminate and expire upon a failure to start construction of the septic system within that period. Permit may be renewed for an additional one year period by the local director of health upon demonstration of reasonable cause for 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 (R10)

NW

N/F  
KARL H. & CONSTANCE L. NEUHAUSSER



N/F  
WEAVER

22

# TOWN OF BURLINGTON

## BUILDING DEPARTMENT APPLICATION FOR PLUMBING PERMIT

Name of Applicant DON TWIGGS Phone No. 5849236  
 Address of Applicant 448 FALL MOUNT RD BRISTOL  
 State License No. P1 202328  
 Owners Name RUSS WEAVER  
 Location of Work 64 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<sup>00</sup> 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 <sup>new</sup> deck <sup>4x24</sup> 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.

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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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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.

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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 _____	Date Inspected <u>7/22/88</u>
Foundation Coating & Insulation _____	Date Inspected _____
Insulation Inspection _____	Date Inspected _____
Plumbing Permit - Date Issued <u>8/3/88 # 1017</u>	Date Inspected <u>8/18/88</u>
Heating Permit - Date Issued <u>8/3/88 # 776</u>	Date Inspected _____
Electrical Permit - Date Issued <u>8/16/88 # 1482</u>	Date Inspected <u>8/25/88</u>
Septic Permit - Date Issued _____	Date Inspected _____
Permit Fee \$ <u>100.80</u> Permit No. <u>4250</u>	Valid Date _____
Certificate of Occupancy Granted _____	Filed _____

Remarks: Done K

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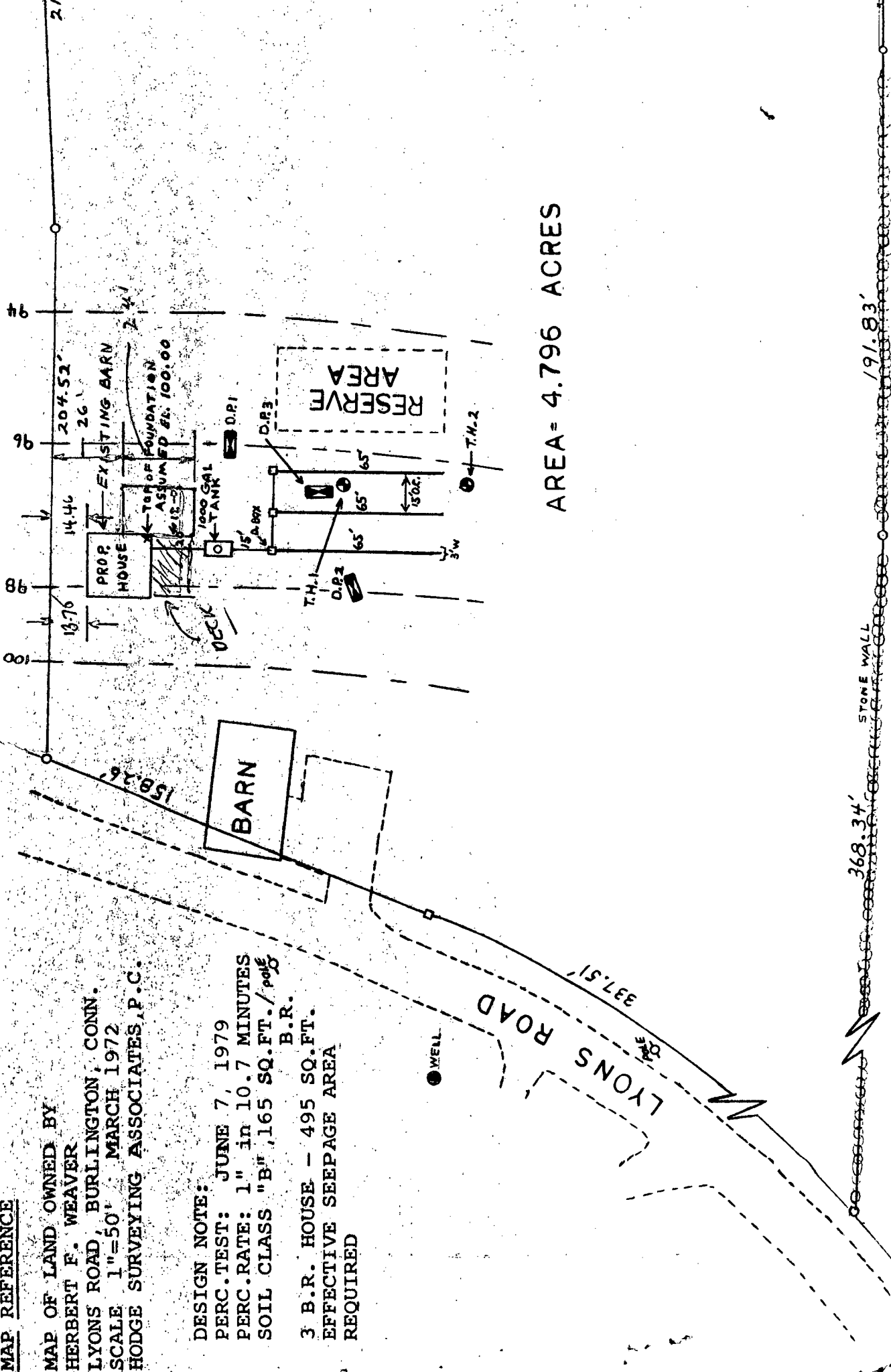
Dated \_\_\_\_\_ At the Town of Burlington \_\_\_\_\_  
Applicant's Signature

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

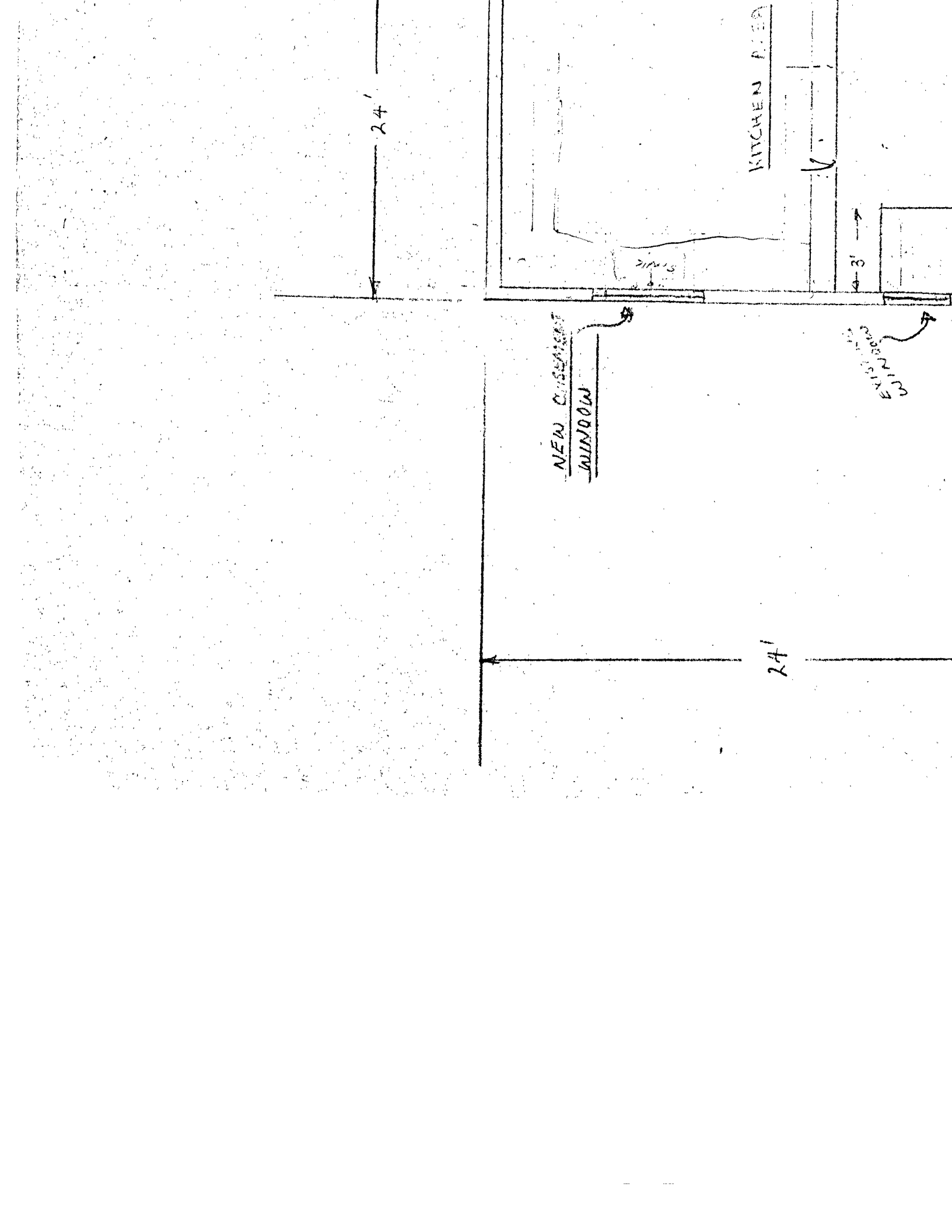
11'

3'

NEW CEMENT  
WINDOW

EXISTING  
WINDOW

24'



WINDOWS UNIT SIZE,  
BED RM.

24'

12' 6"

BED ROOM

