

PERMIT No. A 15865

TOWN OF WILTON, CT  
BUILDING PERMIT

Date February 16, 1999

MUST BE POSTED IN  
PROMINENT PLACE  
ON PREMISES

Estimated cost (structural, plumbing, heating & electrical):

Estimated Cost	\$	<u>32,900.00</u>
Plan Review	\$	<u>50.00</u>
Cert. Occup.	\$	<u>25.00</u>
Building Fee	\$	<u>180.00</u>
State Zoning	\$	<u>10.00</u>
Local Zoning	\$	<u>10.00</u>
Septic System	\$	
Driveway Fee	\$	
Misc. Fee	\$	
Total Permit Fee	\$	<u>27,500</u>

PERMISSION IS HEREBY GRANTED TO:

Christopher + Elizabeth Deardorf

In accordance with application filed on:

February 12, 1999

For the purpose of:

20x30 2 story addition for family room + bedroom  
remove downstairs bedroom + convert to laundry  
room

No. 311 Street Mountain Rd as shown on Lot No. \_\_\_\_\_ Zone R2A

W.L.R. Map No. \_\_\_\_\_ Assessors Map No. 37 Assessors Card No. 29

Size ft. \_\_\_\_\_ long. \_\_\_\_\_ ft. wide. \_\_\_\_\_ stories high

Building Inspector Wesley T. Amey

# APPLICATION FOR BUILDING PERMIT

Department of Consumer Protection Reg. #  Exp. Date

Town of Wilton, Conn.  Date:

Use Group:  Construction Type:  Estimated Cost

W.L.R.  Assessor's Map No.  Plan Review Fee

Lot No.  Assessor's Card No.  C/O Fee

Size of Lot  Zone  Building Fee

Location  Side of Street  Local Zoning

Owner of Building  State Zoning

Address  Septic Fee

Bullder  Address  Driveway Fee

Architect  Address  Total Permit Fee

Size Main Bldg. Front Overall  Depth Overall  Area

Garages  No. of Families  No. of Stories

No. of Rooms: 1st  2nd  3rd  No. of Baths  No. of Bedrooms

Zoning Approval:  Sanitary Approval:

**Purpose of Permit:** CONSTRUCT 20 X 30 TWO STORY ADDITION FOR FAMILY ROOM AND BEDROOM, REMOVE DOWNSTAIRS BEDROOM AND CONVERT TO LAUNDRY ROOM.

The undersigned owner or authorized agent hereby (1) agrees to conform to all the requirements of the Laws of the State of Connecticut and the Ordinances of the Town of Wilton; (2) agrees to notify the Building Official of any alterations in the plans or specifications of the building for which this permit is asked; (3) warrants that this building shall be located the proper distance from all street lines, side yard lines and required distances from all other zones and is located in a zone in which this building an its use is allowed. (4) warrants that this application and all maps and location surves submitted in connection herewith fully and accurately describe the premises and structures thereon and any conditions to approval of the same by the Wilton Planning and Zoning Commission; and (5) applies for the issuance upon satisfactory completion of a Certificate of Occupancy for the use and herein stated.

Signed:  Tel No.

**TOWN OF WILTON - BLDG. DEPT.**  
 ALL STATE AND LOCAL CODES, ORDINANCES, REGULATIONS, ETC. SHALL BE CONSIDERED AS PART OF SPECIFICATIONS FOR THE BUILDING AND SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE SAME ARE AT VARIANCE.

**APPROVED**

GENERAL LAND USE APPLICATION  
TOWN OF WILTON, CONNECTICUT

311 Mountain Rd.  
Property Address

# 3035  
Map # Lot #

R Lease Builders  
Applicant's Name

~~R Lease~~ 203-981-1351  
Applicant's Address Phone #

Mr + Mrs Deardoff  
Property Owner's Name

25 Onnell Rd.  
Address Phone #

Description of Proposed Work: 2nd. story addition approx 20x30  
New family room + bedroom. Remove bedroom  
DOWN STAIRS AND CREATE LAUNDRY ROOM

TO AVOID UNNECESSARY DELAYS, THE APPLICANT SHALL OBTAIN APPROVALS IN THE ORDER SHOWN BELOW, UNLESS OTHERWISE DIRECTED. THE APPLICANT SHALL BE RESPONSIBLE FOR PROVIDING ANY INFORMATION REQUIRED BY EACH DEPARTMENT. THIS REVIEW PROCESS FOR OBTAINING PERMITS MAY TAKE 3 TO 10 DAYS WITH ADDITIONAL TIME FOR SITE INSPECTIONS OR COMMISSION REVIEW IF NECESSARY.

APPROVALS REQUIRED

SEQUENCE	APPROVALS REQUIRED	CHECKED	PERMIT #
_____	WETLANDS REVIEW: Dir. Env. Affairs 8:30 AM - 10:00. Please bring <u>PLOT PLAN, KNOWN WETLANDS LIMITS AND REPORTS, SITE PLAN</u> , showing existing features and general proposed features including structures, grading and septic location. 834-9255	_____	Attach Plot Plan
①	HEALTH DEPARTMENT: SANITARIAN/8:00am-10:00/ 834-9215. Please bring <u>PLOT PLAN</u> , showing existing structures <u>WELL</u> and <u>SEPTIC SYSTEMS</u> and a <u>SITE PLAN</u> showing all proposed structures and their separating distance to the well.	<u>2/12/1999</u>	_____
_____	DRIVEWAY PERMIT: FIELD ENGINEER, DPW/BY APPT./ 834-9260. Please bring plan showing proposed driveway and features within the road right-of-way. This may be submitted to the Building Department unless otherwise instructed.	_____	_____
_____	EROSION & SEDIMENT CONTROL: P&Z/8:30am-10:00/ 834-9250. Please bring <u>SITE PLAN</u> showing all proposed grading structures, limit of disturbance, and E & S controls.	_____	Attach Plot Plan
②	ZONING PERMIT: ZONING ENFORCEMENT OFFICER/ 8:30am 10:00/834-9253. Please bring <u>SITE PLAN</u> on a certified A-2 survey showing all existing and proposed structures.	<u>JKO</u>	<u>12 Feb 99</u>
_____	FIRE MARSHAL APPROVAL: FIRE MARSHAL/BY APPT./834-6249 Initially bring <u>SITE PLAN, BUILDING PLANS or FLOOR PLANS</u> . Preliminary plans may be acceptable at this time, with more complete plans required later.	_____	_____
③	BUILDING PERMIT: BUILDING OFFICIAL/8:00am-10:15am only to review plans/834-9240. Please bring <u>2 sets of BUILDING PLANS</u> showing floor plans, cross sections & elevations, <u>LETTER OF AUTHORIZATION</u> from Owner, <u>Home Improvement Number with expiration date</u> and all approvals required above.	_____	_____

THE INFORMATION REQUESTED ABOVE IS PRELIMINARY AS ADDITIONAL MATERIAL MAY BE REQUIRED UPON FURTHER REVIEW OF THE PROJECT.

NO FINAL INSPECTION FOR A CERTIFICATE OF OCCUPANCY WILL BE ISSUED UNTIL THE FIRE MARSHALL, ZONING AND HEALTH DEPARTMENTS HAVE CONDUCTED FINAL INSPECTIONS AND THE BUILDING DEPARTMENT HAS RECEIVED APPROVAL DOCUMENTS.

WORKERS COMPENSATION COVERAGE AFFIDAVIT

IN ACCORDANCE WITH PUBLIC ACT 96-216, SECTION 4, EFFECTIVE JUNE 4, 1996 AND AS PERMITTED ON THE PROJECT LISTED BELOW, I HEREBY CHOOSE THE FOLLOWING OPTION TO VERIFY COMPLIANCE WITH THE ABOVE STATED CONNECTICUT WORKERS COMPENSATION LAWS (SELECT ONLY ONE)

PROPERTY OWNER(S) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

APT/UNIT NO. \_\_\_\_\_ TOWN \_\_\_\_\_, CT ZIP CODE \_\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_

HOMEOWNER:

I, \_\_\_\_\_ the owner of the above described property will be acting as General Contractor on this project, and hereby swear and attest that I will require proof of Workers' Compensation Insurance from each and every subcontractor or other worker before he/she engages in work on my property for this project.

SOLE PROPRIETOR

I, N. Lease the contractor working on the above referenced project claim exemption from Public Act 96-216 as a sole proprietor and do not intend to act as a general contractor or principal employer on this project, I understand that this means I am not engaging anyone to work under me on this project.

CONTRACTOR:

I, \_\_\_\_\_ intend to act as a general contractor on the above referenced project and hereby swear and attest that I will require proof of Workers' Compensation Insurance from all subcontractors and all other workers employed on this job site. I understand it is my responsibility to insure compliance with the CT Workers' Compensation Laws on this project.

CORPORATE OFFICER OR BUSINESS PARTNER:

I, \_\_\_\_\_ claim exemption for myself from the CT Workers' Compensation Laws by obtaining a certificate of exemption from the Workers' Compensation Commission. I am submitting verification of same by the following:

- \_\_\_\_\_ Certificate of Insurance (must be attached)
\_\_\_\_\_ Commission's exemption certificate (must be attached)

I understand this exempts only myself and I hereby swear and attest that I will require proof of Workers' Compensation Insurance from all subcontractors and all other workers employed on this project.

IN ACCORDANCE WITH PUBLIC ACT 96-216, SECTION 4, I HEREBY STATE THAT I FULLY UNDERSTAND THAT EVERY PERSON EMPLOYED OR ENGAGED TO PERFORM SERVICES ON THIS CONSTRUCTION SITE (INCLUDING SOLE PROPRIETORS, INDEPENDENT CONTRACTORS AND BOTH OWNERS AND EMPLOYEES OF SUBCONTRACTING COMPANIES) ARE REQUIRED TO HAVE WORKERS' COMPENSATION INSURANCE. I ALSO UNDERSTAND THAT THERE ARE NEW SIGNIFICANT PENALTIES UNDER THE WORKERS' COMPENSATION LAWS FOR MISREPRESENTING ONE'S EMPLOYER STATUS.

(signed) [Signature]

(date) 2/11/99

Oath [Signature] (notary, Commissioner of the Superior Court, Justice of the Peace)

"Subscribed and sworn to before me this 11th day of February 1999

KESHAV SHAI
NOTARY PUBLIC
MY COMMISSION EXPIRES JULY 31, 2002

Town of Wilton, CT  
Building Department  
238 Danbury Road  
Wilton, CT 06897

Tel: (203)834-9240  
Fax: (203)834-9254

APPLICATION FOR BUILDING PERMIT

Date: 2/6 19 99

House Number 311 Street Mountain Road Lot# \_\_\_\_\_ Map# 3035 Block \_\_\_\_\_  
W.L.R. \_\_\_\_\_ Owner Mr+Mrs Beard Address 311 Mountain Rd.

Please check items below that apply:

CONSTRUCTION: New <input type="checkbox"/>	Alteration <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>	Repair <input type="checkbox"/>	Removal/Demo <input type="checkbox"/>							
TO BE OCCUPIED AS: One Family Residence <input type="checkbox"/>					Garage <input type="checkbox"/>	Shed <input type="checkbox"/>	Pool <input type="checkbox"/>	Deck <input type="checkbox"/>	Other <input type="checkbox"/>		
Descr. <u>Second floor addition 20x30 approx 600 sq. ft.</u>					<u>family room + bedroom.</u>						
FOUNDATION: Basement: Yes <input type="checkbox"/> No <input type="checkbox"/>					Slab <input type="checkbox"/>	Crawl <input checked="" type="checkbox"/>	Concrete <input type="checkbox"/>	Block <input type="checkbox"/>			
Contractor's Name <u>N. Leate Builders</u>					Address <u>25 Owen Rd. Oxford</u>						
STRUCTURE: Frame <input checked="" type="checkbox"/>					Brick <input type="checkbox"/>	Stone <input type="checkbox"/>	Conc. Block <input type="checkbox"/>	Other <input type="checkbox"/>			
PLUMBING: City Sewer <input type="checkbox"/>					Septic System <input checked="" type="checkbox"/>	City Water <input type="checkbox"/>	Private Well <input type="checkbox"/>				
HEATING: Coal <input type="checkbox"/>					Oil <input checked="" type="checkbox"/>	Gas <input type="checkbox"/>	Hot Air <input type="checkbox"/>	Hot Water <input type="checkbox"/>	Steam <input type="checkbox"/>	Baseboard <input type="checkbox"/>	Elect. <input type="checkbox"/>

Please answer the following questions: No. of Rooms 7<sup>#</sup> No. of Baths 2<sup>#</sup> No. of Bedrooms 3<sup>#</sup>  
Size of Building \_\_\_\_\_ Number of Floors 2<sup>#</sup> Floor Area 2000 Zone R-2A Lot Size 0.68  
Size of Addition/Alteration 20x30 Size of Pool None  
Architect's Name N. Leate Address 25 Owen Rd Oxford  
General Contractor's Name N. Leate Builders Address \_\_\_\_\_

APPROVALS & DATES FROM OTHER DEPARTMENTS: (also see Land Use Application)

Zoning Department \_\_\_\_\_ Health Dept. \_\_\_\_\_ Wetlands \_\_\_\_\_ Soil & Erosion \_\_\_\_\_

Fire Marshal \_\_\_\_\_

Estimated value of this work will be \$ 32,900.00 Including Plumbing, Heating, Electrical

The below signed applicant hereby represents that the information contained in the above application to be accurate to the best of their knowledge.

Applicant's Signature N. Leate Date 2/6/99  
Print Name Russell Leate Address 25 Owen Rd. Oxford, Ct. 06478  
Phone # 203-881-1351 Beeper# 369-4660  
Building Dept. Approval \_\_\_\_\_ Date \_\_\_\_\_

Tax Collector's Approval [Signature]  
2-12-99

PLANNING & ZONING  
COMMISSION  
ZONING ENFORCEMENT OFFICE  
834-9253



TOWN HALL ANNEX  
238 Danbury Road  
Wilton, Connecticut 06897

## ZONING PERMIT

Date 12 Feb 99  
Owner(s) Christopher & Elizabeth Deardorf  
Address of Property 311 Mountain Rd, Wilton  
Owner's Mailing Address (if different) Same  
Telephone Number (Res) 762 9355 (Bus) \_\_\_\_\_  
Agent/Contractor (if applicable) Russell Leake Telephone Number 881 1351  
Assessor's Map No. 37 Lot No. 29 Lot Size .677 Ac Zone R-2A  
Frontage of Lot ± 300 Size of Building or Addition 1200 sq ft  
Proposed Activity alteration & addition to exist. single fam. res.  
Front Yard Setback ± 55 Rear Yard Setback ± 60 Right Yard Setback 30\* Left Yard Setback ± 55  
EXIST EXIST EXIST  
Conditions or Commission or Board Approval (if applicable) \* ZBA 94.03.08

Russell Leake  
Signature of Applicant

John Koster  
Approved by Zoning Enforcement Officer  
12 Feb '99  
Date

Recycled Paper



WILTON HEALTH DEPARTMENT

DIRECTOR OF HEALTH  
SANITARIAN

834-9215



TOWN HALL ANNEX  
238 Danbury Road  
Wilton, Connecticut 06897

MEMORANDUM

TO: William Connolly, Building Inspector, Building Department

FROM: Steven H. Schole, MPH, R.S., Director of Health/Chief Sanitarian  
Jason P. Marshall, RS, Assistant Town Sanitarian

DATE: February 12, 1999

LOCATION: 311 Mountain Road OWNER: Deardoff

ADDITION/ALTERATION

2nd floor addition over existing kitchen and dining room for new family room and new bedroom. On 1st floor, remove bedroom and create mudroom and laundry room.

Dwelling to remain 3-bedrooms. No footprint alteration.

This department has reviewed the plans for the proposed addition at the above cited address. It is the opinion of this department that no addition or changes on the on-site subsurface sewage disposal system are required at this time.

However, if in the future the system should fail, this department will require that the present on-site subsurface sewage be brought up to meet the present Public Health Code.

The proposed addition/alteration shall maintain the checked off separating distance: **Not applicable.**

- 10 feet to any part of the existing septic system.
- 15 feet to any part of the existing septic system.
- 25 feet to any part of the existing septic system.
- 25 feet from the existing well.
- The proposed addition/alteration has no prescribed separating distance.

Additional comments: \_\_\_\_\_

Failure to maintain the above separating distance shall render this approval null and void.

c:\win\forms\addition





WILTON BUILDING  
DEPARTMENT

Building Official  
Demolition Officer  
Tel: 203-834-9240



TOWN HALL ANNEX  
238 Danbury Road  
Wilton, Connecticut 06897

Fax: 203-834-9254

LETTER OF AUTHORIZATION

To Whom It May Concern:

I hereby declare the following:

1. That I am the owner of the premises described as follows:

31 Mountain Rd Wilton Conn. R-2A  
Street City State Zone

2. That R. Leate Builder is duly authorized for and on behalf of the owner to execute an application for building, zoning, health and wetlands permits to enable him/her to obtain permits to complete construction of the following work Second floor Addition 20x30'  
600 sq ft - Family room - Bedroom  
at the above site.

3. That R. Leate is hereby designated as the owner's representative with whom all town departments may deal with in respect to the work involved.

Date: 1/11/99

Owner: Beth Beardoff Beth Beardoff  
Print Name Signature

DESIGN TEMP DIFFERENCE: 80      BASEBOARD RATING: 570  
 CASH 0                              BETH DERDOFF

## ROOM #: 01    BEDROOM

LENGTH	WIDTH	HEIGHT	AVG. HGT	OUTSIDE WALLS
12.00	12.00	14.00	14.00	24.00

		FACTOR	BTUH
NET WALL AREA:	306.00	.050	1071.00
GLASS AREA	30.00	.560	1176.00
CEILING AREA :	144.00	.050	504.00
FLOOR AREA	00	.690	00
ROOM VOLUME :	2016.00	.018	2540.16

TOTAL BTUH @ 70 DEGREES	5291.16
TOTAL BTUH @ DESIGN TEMP DIFFERENCE	6031.92
TOTAL FEET OF BASEBOARD	11

## ROOM #: 02    FAMILY ROOM

LENGTH	WIDTH	HEIGHT	AVG. HGT	OUTSIDE WALLS
18.00	20.00	14.00	14.00	38.00

		FACTOR	BTUH
NET WALL AREA:	472.00	.050	1652.00
GLASS AREA	60.00	.560	2352.00
CEILING AREA	360.00	.050	1260.00
FLOOR AREA	00	.690	00
ROOM VOLUME	5040.00	.018	6350.40

TOTAL BTUH @ 70 DEGREES	11614.40
TOTAL BTUH @ DESIGN TEMP DIFFERENCE	13240.42
TOTAL FEET OF BASEBOARD	23

DESIGN TEMP DIFFERENCE: 80      BASEBOARD RATING: 570  
CASH 0                              BETH DERDOFF

\*\*\*\* SUMMARY \*\*\*\*

CASH 0

BETH DERDOFF  
MOUNTAIN RD.  
WILTON, CT  
N. LEAKE BUILDERS

\*\*\* ROOM TOTALS \*\*\*

ROOM # AND NAME-----	BTUH @ 70	BTUH @ DTD	BASEBOARD
01    BEDROOM	5291 16	6031 92	11
02    FAMILY ROOM	11614.40	13240.42	23
TOTALS FOR BUILDING *****	16905.56	19272.34	34
	TOTAL FUTURE BASEBOARD-----		0

( '\*\* ' DENOTES BTUH INCREASED 20 PERCENT )

MINIMUM BTUH BOILER REQUIREMENT WITH TANKLESS COIL ----- 24,090.43

\* CALCULATIONS AND PROCEDURES UTILIZED CONFORM TO THOSE SPECIFIED AS \*  
\* DETAILED METHOD IN IBR PUBLICATION NUMBER H-21 \*

BUILDING DEPARTMENT  
Building Inspector  
Zoning Enforcement Officer  
Demolition Officer  
834-9240



TOWN HALL  
238 Danbury Road  
Wilton, Connecticut 06897

PROPERTY OWNERS AFFIDAVIT

PLEASE READ CAREFULLY

The undersigned hereby applies for a permit to perform the following work as per the Connecticut General Statutes, Chapter 393 Section 20-340 (11):

"Persons engaged in the installations, maintenance, repair and service of electrical, plumbing and heating and piping and cooling equipment in and about single family residence owned and occupied or to be occupied by such persons: provided any such installation, maintenance and repair shall be subject to inspection and approval by the building official of the municipality in which such residence is located and shall conform to the requirements of the Connecticut Basic Building Code, the National Electrical Code and the National Plumbing Code, or any of the appendixes of related regulations in Connecticut."

This is not intended to allow the homeowner to obtain the permit and hire a licensed journeyman electrician, or have his handy man neighbor do the work for him.

The homeowner himself is to do the actual work or hire a properly licensed contractor.

Type of work requested to perform:

Electrical: yes \_\_\_ no \_\_\_ Plumbing: yes \_\_\_ no \_\_\_

Other: (state clearly) H. B. A. C

I hereby certify that I am the: husband: \_\_\_ wife: X  
owner: \_\_\_ co-owner: X

Of premises located at: 311 Mountain Rd, Wilton, CT  
Wilton, Connecticut

Shown on W.L.R.# \_\_\_ Lot# \_\_\_ Assessor's Map No. \_\_\_  
Assessor's Card No. \_\_\_

Dated this 12 day of April 19 99

Owners Signature Ephie Beard

Phone Number: 762-9355

FEE: \$20.00 for the first \$1,000 and \$5.00 for each additional \$1,000 or fraction thereof of estimated cost (If No Building Permit).

**TOWN OF WILTON  
ELECTRICAL PERMIT**

TEMPORARY SERVICE: \$20.00 regardless of Building Permit.

To the Building Department, Town of Wilton, Conn.

The undersigned, hereby applies for a permit to perform the following work and also to comply with all local ordinances and provision of the National Electrical Code in performance of such work whether specified herein or not.

DATE Mar 24 1999  
 BUILDING PERMIT NO. A-15865  
 LOT NO. \_\_\_\_\_  
 LICENSE NO. 102782  
 ESTIMATED COST: \$ 1900  
 FEE: \$ \_\_\_\_\_

Job Location: 311 Mountain Rd  
 Owner: Deardorff Owner's Address: Same  
 Kind of Building: New \_\_\_\_\_ Old \_\_\_\_\_ Dwelling \_\_\_\_\_ Apartment \_\_\_\_\_ Store \_\_\_\_\_ Other Wilton

	No.		No.
ELECTRIC HEAT	_____	OIL BURNERS	_____
RANGES	_____	ATTIC FANS	_____
RANGE TOPS	_____	WELL PUMP	_____
OVENS	_____	LIGHT CIRCUITS	_____
HOT WATER HEATERS	_____	APPLIANCE CIRCUITS	_____
DRYERS	_____	DISHWASHER	_____
CLOTHES WASHER	_____	OTHER	_____

TOTAL AMPS \_\_\_\_\_ Size of Present Service \_\_\_\_\_ Size of Service to be \_\_\_\_\_

REMARKS: For other kind of installation, etc. Wiring 2<sup>nd</sup> floor family room, + bedroom, 7<sup>th</sup> floor-Living

PERMITTEE Kenneth Tenisky Street 23 Old Green Hill Rd  
 City, St. Oxford, Ct 06475 Phone (203) 888-0697

Fee \$20.00 for the first \$1,000 and \$5.00 for each additional \$1,000 or fraction thereof estimated cost (if no building Permit)

**TOWN OF WILTON  
HEATING AND AIR CONDITIONING PERMIT**

To the Building Department, Town of Wilton, Conn.

The undersigned, hereby applies for a permit to perform the following work and also to comply with all local ordinances and provisions of the Wilton Bldg. Code in performance of such work whether specified herein or not.

DATE 4/12/99 1999  
 BUILDING PERMIT NO. \_\_\_\_\_  
 LOT NO. \_\_\_\_\_  
 LICENSE NO. \_\_\_\_\_  
 ESTIMATED COST \$ \_\_\_\_\_  
 FEE \$ \_\_\_\_\_

Location 311 Mountain Rd Contractor (Homeowner)  
 Owner Elizabeth & Chris Deardorff Address 311 Mountain Rd Zone \_\_\_\_\_  
 Kind of Building: New \_\_\_\_\_ Old X Dwelling \_\_\_\_\_ Apartment \_\_\_\_\_ Store \_\_\_\_\_ Other \_\_\_\_\_  
 Type of Heating: Hot Water X Steam \_\_\_\_\_ Forced Warm Air \_\_\_\_\_ New \_\_\_\_\_ Replacement \_\_\_\_\_  
 Manf. of Boiler Perless Model Net. B.T.U. 128,000  
 Manf. of Furnace \_\_\_\_\_ Model \_\_\_\_\_  
 Installation to include air conditioning: Yes \_\_\_\_\_ No X Manf. By \_\_\_\_\_  
 Method of heating boiler or furnace: Oil X Gas \_\_\_\_\_ Electric \_\_\_\_\_

REMARKS: For other kind of installation, etc.

PERMITTEE Elizabeth Deardorff ADDRESS 311 Mountain Rd PHONE 762-9355

Town of Wilton - Building Dept.  
Inspection Request

Tue  
99

Date 4/19/99 Permit No. \_\_\_\_\_  
Owner Diendorf  
Location 311 Mountain Rd  
Builder \_\_\_\_\_  
Inspector Bull C

Type of inspection requested:

Insul  
Ok to be  
4-20-99  
WAE

Town of Wilton - Building Dept.  
Inspection Request

Wed  
01

Date 4/22/99 Permit No. \_\_\_\_\_  
Owner Deendorf  
Location 311 Mountain Rd  
Builder \_\_\_\_\_  
Inspector Bull C

Type of inspection requested:

Lough  
Ok to be  
Ries stop first floor  
4-14-99  
WAE

*Fri* Town of Wilton - Building Dept.  
Inspection Request

Date 5-20-99 Permit No. \_\_\_\_\_  
Owner Deardorf  
Location 311 Mountain Rd  
Builder \_\_\_\_\_  
Inspector Bob

Type of Inspection requested:  
C/O  
Oh to issue  
A foot  
5-21-99

*wed*  
*120*

Town of Wilton - Building Dept.  
Inspection Request

Date 5-19-99 Permit No. \_\_\_\_\_  
Owner Deardorf  
Location 311 Mountain Rd  
Builder \_\_\_\_\_  
Inspector Bob

Type of Inspection requested:  
C/O  
Failed  
BAJOSTAS TO: for APART  
A foot 5-19-99

PLANNING & ZONING  
COMMISSION  
ZONING ENFORCEMENT OFFICE  
834-9253



TOWN HALL ANNEX  
238 Danbury Road  
Wilton, Connecticut 06897

## ZONING COMPLIANCE CERTIFICATE

Zoning Permit Issued: 12 Feb 99

Having satisfied the requirements of the Zoning Regulations of the Town of Wilton, a Zoning Compliance Certificate for the same is hereby issued to:

Owner: Christopher & Elinabeth Deardorf

Location of Premises: 311 Mountain Road, Wilton

Address: Same

Map #: 37 Lot #: 29 Size of Lot: .677 +/- acres Zone: R-2A

Date Issued: 18 May 99

Note: Issued for the construction of alteration & addition to  
single family residence

John Koster  
John Koster  
Zoning Enforcement Officer

Recycled Paper



WILTON BUILDING DEPARTMENT

Building Official  
Demolition Officer

Tel: 203-834-9240



TOWN HALL ANNEX

238 Danbury Road  
Wilton, Connecticut 06897

Fax: 203-834-9254

5863

### CERTIFICATE OF OCCUPANCY

The building described in Building (Zoning) Permit No. 15865A Issued: February 16, 1999 having satisfied the requirements of the Building Code and the Zoning Regulations of the Town of Wilton, a Certificate of Occupancy for same is hereby issued to :

Owner: Christopher & Elizabeth Deardorf

Address: 311 Mountain Road Wilton, CT 06897

Location of Premises: 311 Mountain Rd Wilton, CT 06897


Lot No W.L.R.: Size of Lot: .677

Zone: R-2A Use Group: R4 Const. Type: 5B

Assessor's Map No. 37 Assessor's Card No. 29

This certificate may become null and void for good cause shown if secured through fraud or by reason of latent violation not ascertainable at the time of inspection or when changes are made in the premises not conforming to the Building Code or Zoning Regulations with respect to use, construction or building service equipment without the inspector's approval.

**CERTIFICATE OF USE/OCCUPANCY ISSUED:** May 24, 1999. 20'x30' 2 story addition for a family room and bedroom, removal of downstairs bedroom and convert to laundry room.

  
WILLIAM T. CONNOLLY  
CHIEF BUILDING OFFICIAL

:rm