

TOWN OF MANCHESTER – BUILDING INSPECTION DIVISION

494 Main Street • P.O. Box 191 • Manchester, CT 06045-0191 •

PHONE: 860-647-3052

Fax: 860-647-3144

REQUIRED INFORMATION FOR BASEMENT ALTERATIONS

Please provide the following information:

Provide existing and proposed floor plans drawn to scale with dimensions, which identify the use of each space including but not limited to the following categories:

• Sleeping Areas • Bathrooms • Recreation Rooms • Mech	anical Areas	s • Storage Areas
Provide the locations of all fuel burning equipment, include co	mbustion ai	r information.
Are there any existing or proposed sleeping areas?	Yes	No 🗌
How is the space to be heated?		
Proposed ceiling height (minimum allowed is 6'-8")		
Proposed height under beams, ducts, etc. (minimum allowed is	s 6'-4")	
Proposed headroom in basement stairway (minimum allowed i	s 6'-4")	
Basement stair riser height (maximum allowed is 9")		
Basement stair tread depth (minimum allowed is 8")		
Wall framing type and spacing		
Wall insulation and R value		
Method of draft stopping top of wall		
Ceiling material		
Will Back Water Valve be provided for proposed plumbing?	Yes 🗌	No 🗌
Is permit being applied for retroactively?	Yes 🗌	No 🗌
* CO and smoke detectors will be required throughout the house as per to existing construction. (In most cases battery type devices are permitted)	he Connecticu	at State Building Code for
Job Address:		
Signature of applicant	Date	