

## ZONING PERMIT APPLICATION

Permit # \_\_\_\_\_ or \_\_\_\_ NA      Expiration Date \_\_\_\_\_

Applicant: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner (if other than applicant): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Subject property: \_\_\_\_\_

Proposed use/work: \_\_\_\_\_

Zone: \_\_\_\_\_ Lot size : \_\_\_\_\_ Bldg. height: \_\_\_\_\_ Bldg. footprint: \_\_\_\_\_

Site plan:	yes	NA	
Floor plan:	yes	NA	
Health District Review:	yes	NA	
Driveway permit:	yes	NA	
Wetlands permit:	yes	NA	
Variance:	yes	NA	
Bond:	yes	NA	
Fee:	yes	NA	amount _____
			Check # _____

Site plans must be to scale and include all property lines, required setbacks (Sec. 3A), location and footprint of all existing and proposed buildings and structures (including wells, septic systems, gas tanks, etc.), and any and all wetland and upland review (75') boundaries. A site plan prepared by a Connecticut-registered land surveyor may be required. Any revisions subsequent the issuance of a Zoning Permit must be approved by the zoning official.

Applicant signature: \_\_\_\_\_ Date \_\_\_\_\_

Owner signature (if other): \_\_\_\_\_ Date \_\_\_\_\_

Zoning official signature: \_\_\_\_\_ Date \_\_\_\_\_

CO: Initial \_\_\_\_\_ date \_\_\_\_\_