



APPLICATION FOR ZONING PERMIT

Zoning and Planning Commission

Town of Colchester

Department of Planning and Zoning

127 Norwich Avenue, Colchester CT 06415, Telephone (860)-537-7280

THIS PERMIT CANNOT BE APPROVED UNTIL ALL THE FOLLOWING INFORMATION IS PROVIDED

APPLICATION IS HEREBY MADE TO PERMIT: _____

TAX ASSESSOR'S MAP#: _____ LOT#: _____ ZONE: _____

LOCATION OF SITE: _____

PROPERTY OWNER: _____ PHONE: _____

OWNER'S ADDRESS: _____ PHONE: _____

APPLICANT / AGENT: _____ PHONE: _____

MAILING ADDRESS: _____ FAX: _____

TYPE OF CONSTRUCTION: New _____ Alteration _____ Addition _____ Repair _____ Sign _____ Other _____

TYPE OF OCCUPANCY / USE (Current):

Single Family Dwelling _____ Two Family Dwelling _____ Multi-Family Dwelling _____

Agricultural _____ Commercial _____ Industrial _____ Other _____

FLOOD HAZARD ZONE DESIGNATION: _____

PROPOSED ADDITIONAL STRUCTURE: Footprint: _____ x _____ Height: _____

PROPOSED (sq. ft.): 1st floor: _____ 2nd floor: _____ Attic: _____ Basement: _____ Accessory Bldg(s): _____

REQUIRED SUPPLEMENTAL INFORMATION:

- A SITE PLAN/ PLOT PLAN AT A MINIMUM SCALE OF 1"= 40', DRAWN IN ACCORDANCE WITH SECTION 12 OF THE COLCHESTER ZONING REGULATIONS SHOWING LOCATION OF ALL EXISTING AND PROPOSED STRUCTURES, DRIVEWAYS, PARKING AREAS, EROSION AND SEDIMENTATION CONTROLS, LOT DIMENSIONS, AND DISTANCES FROM ALL EXISTING AND PROPOSED STRUCTURES TO THE NEAREST PROPERTY LINE.
- A FLOOR PLAN AND DIMENSIONED ELEVATION RENDERINGS DEPICTING: THE HEIGHT, FLOOR AREA, AND COVERAGE OF ALL PROPOSED STRUCTURES ABOVE PROPOSED FINISHED GRADE WITH A CLEAR INDICATION OF WHAT IS EXISTING AND WHAT IS PROPOSED.
- COPY OF ANY VARIANCE OR OTHER APPROVALS PERTINENT TO THE APPLICATION
- ANY OTHER ADDITIONAL INFORMATION WHICH MAY BE NECESSARY TO DETERMINE ZONING COMPLIANCE.

THE OWNER OF THE ABOVE PROPERTY GUARANTEES THAT ALL THE APPLICABLE REQUIREMENTS OF THE ZONING REGULATIONS WILL BE MET.

I, THE UNDERSIGNED, ATTEST THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TO THE BEST OF MY KNOWLEDGE TRUE AND ACCURATE REPRESENTATIONS OF THE EXISTING SITE AND PROPOSED SITE IMPROVEMENTS.

SIGNATURE OWNER / AGENT: _____ DATE: _____

OFFICIAL USE ONLY

APPLICATION # _____

MODIFICATIONS: _____

THE ABOVE STATED PROPOSAL IS HEREBY CERTIFIED TO: COMPLY, NOT COMPLY, WITH THE COLCHESTER ZONING REGULATIONS.

THE ABOVE APPLICATION IS: APPROVED DENIED

ZONING ENFORCEMENT OFFICER: _____ DATE: _____