TOWN OF MIDDLEBURY

DEPARTMENT OF BUILDING, HEALTH & LAND USE
1212 Whittemore Road
Middlebury, Connecticut 06762
(203) 577-4162 ph (203) 598-7640 fx

ZONING PERMIT APPLICATION

DATE: _____ **APPLICATION NUMBER** _____
(Office to Designate)

TAXES PAID _____
(Tax Collector Signature)

****NOTE: APPLICATION IS NOT COMPLETE UNTIL TAXES AND FEES ARE PAID****

PROPERTY OWNER(S): _____

PROPERTY ADDRESS: _____

PROPERTY OWNER'S MAILING ADDRESS: _____
(If different than above)

PHONE NUMBER: _____ **E-MAIL ADDRESS:** _____

APPLICANT'S NAME: _____
(If different than above)

OWNER'S AGENT (IF ANY) NAME & ADDRESSS _____
(*Note: If an owner's agent signs the application, the application must be accompanied by a letter of agency in favor of the agent with the owner's signature and two witnesses*) _____

_____

_____

CATEGORY OF APPLICATION

1. **CHANGE OF USE OF EXISTING BUILDING OR STRUCTURE** _____
2. **PROPOSED BUILDING OR STRUCTURE AND USE THEREOF** _____
3. **CERTIFICATE FOR A LAWFUL NON-CONFORMITY** _____
4. **USE OF LAND** _____
5. **SPECIAL EXCEPTION** _____

PROPERTY DATA

ZONING DISTRICT _____ AREA OF LOT (SQUARE/ACRES)

ASSESSOR'S MAP NUMBER: _____ LOT NUMBER _____

OF EXISTING BUILDINGS AND STRUCTURES ON THE LOT AS INDICATED BELOW:

TYPE/USE SQUARE FOOT GROUND COVERAGE

1. _____/_____;

2. _____/_____;

3. _____/_____.

THE LOT HAS FRONTAGE OF _____ FEET ON ONE OR MORE OF THE FOLLOWING

IN A FILED SUBDIVISION APPROVED BY THE PLANNING & ZONING COMMISSION WITH A

COMPLETION BOND IN EFFECT _____

PROPOSED PROJECT

USE _____

DETAILED DESCRIPTION _____

NUMBER OF PROPOSED BUILDINGS _____

TYPE/USE	GROUND COVERAGE	HEIGHT	# OF STORIES
1.			
2.			
3.			

LIST ANY ADDITIONAL DATA AND/OR PLANS SUBMITTED WITH THIS APPLICATION

APPROVAL OF THIS APPLICATION OR ISSUANCE OF A ZONING PERMIT SHALL NOT BE CONSIDERED TO CONSTITUTE COMPLIANCE WITH ANY OTHER REGULATIONS, ORDINANCE OR LAW OR REIEVE THE UNDERSIGNED FROM RESPONSIBILITY TO OBTAIN PERMIT THEREUNDER.

DATE _____ **APPLICANT'S NAME IN PRINT** _____

APPLICANT'S SIGNATURE _____

APPROVED _____ **DENIIED** _____

REASON(S) FOR DENIAL _____

_____

DATE _____ **SIGNATURE** _____
(ZONING ENFORCEMENT OFFICER)

WHEN APPLICABLE, APPLICANT'S MUST SUPPLY AN ADDITIONAL TEN (10) 11" X 17" COPIES OF SITE PLANS

PLOT PLAN FOR MINOR ACCESSORY STRUCTURES AND ADDITIONS

DATE _____ **PHONE NUMBER** _____

OWNER OF LAND _____

PROPERTY ADDRESS _____

INTERIOR OR CORNER LOT _____ **ZONE** _____

DRAW AN ADDITION OR MINOR ACCESSORY STRUCTURE ON PLOT PLAN AND SHOW APPLICABLE SETBACK DISTANCES.

INDICATE WELL, SEPTIC OR SEWER LINE AND PROPERTY DISTANCES.

THE ZONING OFFICE RESERVES THE RIGHT TO REQUIRE A-2 SURVEYS