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)

PROPERTY OWNER(S): _____

PROPERTY ADDRESS: _____

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

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

OWNER'S AGENT'S NAME & MAILING ADDRESS _____
(*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*)

_____

_____

Taxes Paid _____ Sewer Fee _____
(Tax Collector Signature) (WPCA Signature)

Water Commission Fee _____ Outstanding Town Liens _____
(Financial Accountant)

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

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)

LOCATION OF LOT _____

SUBDIVISION NAME (if applicable) _____

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

STATE HIGHWAY NAME _____ ACCEPTED TOWN ROAD NAME _____

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