



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

COVID-19 SPECIAL ZONING PERMIT APPLICATION

DATE: _____ APPLICATION NUMBER **C19-**_____
(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 & 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*) _____

CATEGORY OF APPLICATION
(check all that apply)

1. TENT ☐

2. SIGNAGE ☐

3. PLACEMENT REVIEW ☐

4. OTHER ☐

**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 _____ **DENIED** _____

REASON(S) FOR DENIAL _____

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

**PROPOSED PLACEMENT OF
OUTDOOR STRUCTURES & FURNITURE**

DATE _____ **PHONE NUMBER** _____

OWNER OF LAND _____

PROPERTY ADDRESS _____

A large empty rectangular box with a thin black border, intended for a drawing or detailed notes related to the proposed placement of outdoor structures and furniture.

**PLEASE INCLUDE AS MUCH INFORMATION AS POSSIBLE IN ORDER TO
EXPEDITE THE PERMIT PROCESS.**

INDICATE WELL, SEPTIC OR SEWER LINE AND PROPERTY DISTANCES.