



Town of Middlebury Planning & Zoning Department

1212 Whittemore Road.
Middlebury, CT 06762
(203) 577-4162 x-2
cbosco@middlebury-ct.org

Zoning Permit Application

Official Use Only
Application #: _____

Property

Location of Subject Property: _____

Assessor's Tax Map/Block/Lot Number: _____

Lot Size: _____ Zoning District: _____

Check all that apply: Wetlands Floodplain (FEMA) Aquifer

Related planning permits: _____

The subject property is served by: Private Well* Public Water

Private Septic* Public Sewer

***Requires approval from Torrington Area Health District prior to Zoning Permit application review.**

Applicant

Name of Applicant (primary contact): _____

Company: _____

Address: _____

Daytime Phone/Cell: _____

Email Address: _____

Owner

Name of Owner (if different from Applicant): _____

Address: _____

Daytime Phone/Cell: _____

Email: _____

Proposal

Application for: New Primary Structure Addition

Accessory Structure: Barn Deck Detached Garage Pool Shed Ground Mounted Solar Sign

Change of Use: Special Exception:

ZBA: Other:

Briefly describe the proposal (**provide dimensions and location**):

LENGTH: _____ WIDTH: _____ HEIGHT: _____ SQUARE FOOTAGE: _____

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Documentation

A stamped and signed Site Plan prepared by a CT Licensed Surveyor or Professional Engineer of an A-2 standard is required for most Zoning Permit Applications.

For minor structures such as Decks, Sheds or small Additions one may not be required. Attach a copy of a map, drawn to scale, of the subject parcel, indicating the size of the property and the location, dimensions, and square footage of all existing and proposed structures and related site work. A map can be obtained from the Middlebury online GIS system. It can be accessed at <https://middlebury.mapxpress.net/>

The final determination concerning documentation is at the discretion of the Zoning Enforcement Officer and/or the Planning and Zoning Commission.

Signatures

By signing below, I hereby attest that I understand the application requirements, and that the information I have provided on this form is complete and accurate. I understand that this is not a Zoning Permit and that upon approval by the Zoning Enforcement Officer, a Zoning Permit may be issued. I further understand that approval from other Town departments and regional entities may be required, which may increase the review time.

Applicants For Single Family Homes:

I understand that prior to issuing a Certificate of Zoning Compliance, a *minimum* of 5 business days is required in order to review plans, conduct inspections, and request any modifications or bonds. I also understand that all plans shall meet the minimum standards outlined in the *Zoning Permit & Final "As-Built" Plan Specifications* document.

Applicant's signature: _____ Date: _____

Owner's signature: _____ Date: _____

(REQUIRED if different from Applicant)

OFFICIAL USE ONLY	
FEE	Received (Date Stamp)
Fee: \$ _____	
Check #: _____	
Application #: _____	
Taxes Paid: _____ (Tax Collector Signature)	
BONDS	
Bond required? Yes No	
Bonds paid: Erosion & Sedimentation Control	
Driveway Apron Landscaping Other _____	
Total Bond Amount: \$ _____	