



Office of Building Compliance Town of Seymour, Connecticut Application for Zoning Permit

PERMIT #: _____

Date

Property Location Street Address

Lot #

Owner's Name (As it appears in Land Records)

Owner's Street Address

Town/City

State

ZIP Code

Home Phone #

Work Phone #

Fax #

Mobile Phone #

Applicant's Name

Applicant's Street Address

Town/City

State

ZIP Code

Home Phone #

Work Phone #

Fax #

Mobile Phone #

Owner/Contractor/General Contractor

CT Registration #

Project Type: Relocation Change of Use Demolition
Is structure within the 100-year flood plain? Yes No

Remarks: _____

Purpose of Permit Type: _____

New Construction: _____

Commercial Residential

Addition: _____

Commercial Residential

Pool: _____

Above-Ground In-Ground

Garage: _____

Detached Portable

Sign: _____

Temporary Permanent

Cert. of Occupancy: _____

Erosion Control Plan: _____

Excavation: _____

Adult Living/In-Law: _____

Decks: _____

Sheds: _____

Demo: _____

Generators: _____

Change of Use: _____

Special Permit: _____

TOTAL _____

Remarks: _____

Submitted Plan: _____

A-2 Survey: Required Not Required Plot Plan Required

Construction Type: Residential Commercial Industrial

Zone Designation: _____ **Permitted Use:** _____

Mixed Use: Yes No Separated Non-separated

Total Sq. Ft. of Building: _____ **Distorted Area:** _____

Approvals:
 Zoning Zoning Appeal Board Wetlands Health Dept.

Engineer's Information: (Attach as applicable) License # _____

Surveyor Information: (Attach as applicable) Registration # _____

Documents Submitted/Attached:

Zoning Building Plans Site Plans Building Sections Building Elevations Health Dept.
Reports Calculations Details Photographs Threshold Review Insurance Cert.
Correspondence Authorization of Applicant Other than Owner Manufacturer's Literature
Statement of Special Inspections Other (describe) _____

Certification:

I hereby certify that: I am the owner of record of the named property or that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent and we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Signature of Owner/Authorized Agent

For Zoning Official's Use Only

Completed Application Received Date: _____ **Permit #:** _____

Other Fees (State of CT): _____ **Permit Use:** _____

Plan Review Fee _____ **Permit Fee:** _____

Certificate of Occupancy Fee: _____ **Review Date:** _____

Total Fee: Cash Check _____

Check #: _____

Received by

Signature of Zoning Official