

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

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		PE	RMIT #:		
Date					
Property Location	on Street Address		Lot #	-	
Owner's Name	(As it appears in Lanc	d Records)			
Owner's Street Address		Town/City	State	ZIP Code	
Home Phone #	Work Phone #	Fax #	Mobile F	 Phone #	
Aş	oplicant's Name				
Applicant's Street Addre		Town/City	State	ZIP Code	
Home Phone #	Work Phone #	Fax #	Mobile F	Mobile Phone #	
Owner/0	Contractor/General Co	ontractor	CT Regis	stration #	
roject Type:	Relocation	Change of Use Demolition			
structure within the 100-year flower structure within the 100-year flowers:	od plain? Yes	No Work within Town righ	t-of-way Yes	No No	
urpose of Permit Type:					
New Construction:		Addition:			
Commercial	Residential	Commercial	Residential		
Pool:		Garage:			
Above-Ground	In-Ground	Detached	Portable		
Sign:		Cert. of Occupancy:			
Temporary P	ermanent	Erosion Control Plan:			
Excavation:		Adult Living/In-Law:			
Decks:		Sheds:			
Demo:		Generators:			
Change of Use:		Special Permit: _			
		TOTAL			
Remarks:					

Submitted Plan:					
A-2 Survey: Re	equired	Not Required	Plot Plan Require	d	
Construction Type	e: Residentia	I	Commercial	Industrial	
Zone Designation	:		Permi	tted Use:	
Mixed Use:	Yes	No	Separat	ed Non-s	separated
Total Sa Et of Du	ilding		Distorted Area		
Total Sq. Ft. of Bu	iliding:		Distorted Area	a:	
Approvals: Zoning	Zoning Appeal Bo	ard Wetlan	ds Health	Dept.	
Engineer's Inform	nation: (Attach a	s applicable) Lice	ense #		
Surveyor Informa			stration #		
Documents Subm	-				
Zoning Bu	uilding Plans		ilding Sections	Building Elevations	Health Dept.
Reports Ca	alculations	Details Ph	otographs	Threshold Review	Insurance Cert
Correspondence		ion of Applicant	Other than Owner	Manufacturer's	Literature
Statement of Spe	ecial Inspections	Other (describe)		
authorized information authorizatio conduct the	norized by the ow agent and we agre a contained within on to a representa e required inspecti n the proposed w	ner of record and ee to conform to is true and accu tive of the Town ons per CT State ork.	all applicable laws, rate to the best of r of Seymour to ente	thorized to make this applic regulations and ordinances ny knowledge and belief. I er the property on this appl that there are no environme	. All further grant ication to
		For Zonii	ng Official's Use	Only	
Completed Application	on Received Date:		Permit	#:	
Other Fees (State of (Permit	Use:	
Plan Review Fee	- -		Permit	Fee:	
Certificate of Occupa	ncy Fee:		Review	Date:	
Total Fee: Cash	Check				
Check #:	-				
Dogotical II.				Signature of Zenin - Offi	
Received by			Signature of Zoning Office	iai	