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

**Z**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ZONING PERMIT #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **Property Location Street Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **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 # Mobile Phone #**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 SIGNATURE : Owner / Contractor / Agent Trade License #**

**Is structure within the 100-year flood plain? Yes No Work within Town right-of-way Yes No**

 **DESCRIPTION OF WORK – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose of Permit Type:**

New Construction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Addition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commercial Residential Commercial Residential

 Pool: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Garage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Above-Ground In-Ground Detached Portable

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cert. of Occupancy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Temporary Permanent Erosion Control Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Excavation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adult Living/In-Law: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Decks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sheds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Demo: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Generators: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Change of Use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Special Permit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **PERMIT FEE TOTAL - $ \_\_\_\_\_\_\_\_\_\_\_\_**

**DEPARTMENT REMARKS –**

 **\*PLEASE CIRCLE BELOW**

**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. I further grant authorization to a representative of the Town of Seymour to enter the property on this application to conduct the required inspections per CT State Building code and that there are no environmental issues or hazards in the proposed work.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of Owner/Authorized Agent**

**FOR ZONING USE ONLY:**

**Application Completed Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Permit #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permit Use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Zoning Permit Fee : $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permit Fee Total : Review Date: ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Received by Signature of Zoning Official**