



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



COMPLET
ALL INFORMATION

Property Location Street Address Lot # Map Zoning District Date

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

Owner's Street Address Town/City State ZIP Code

Contact Phone # E-Mail Fax #

Applicant's Name Applicant's Business Name or LLC Name

Applicant's Street Address Town/City State ZIP Code

Contact Phone # E-Mail Fax #

Signature of Owner / Agent Date

- Project Type:** (Check all that apply)
- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Stock Piling | <input type="checkbox"/> Grading |
| <input type="checkbox"/> Addition | <input type="checkbox"/> Processing | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Site Work | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Accessory Building |
| <input type="checkbox"/> Filling | <input type="checkbox"/> Subdivision | <input type="checkbox"/> Swimming Pool |

Project or structure within 100' of wetlands or watercourses? Yes No

Work to be conducted in Town right-of-way? Yes No

Work to be conducted in adjoining town? Yes No



Description of Work: _____

Permit Type:

- | | |
|--------------------------------------|----------------|
| <input type="checkbox"/> Residential | Permit # _____ |
| <input type="checkbox"/> Commercial | Permit # _____ |
| <input type="checkbox"/> Industrial | Permit # _____ |

- | | | | | |
|-------------------------------------|---|--------------------------------------|---|--|
| <input type="checkbox"/> New Home | <input type="checkbox"/> Residential Addition | <input type="checkbox"/> Subdivision | <input type="checkbox"/> Commercial Structure | <input type="checkbox"/> Commercial Addition |
| <input type="checkbox"/> Excavation | | | | |

Remarks:

Area within 100' Review
Area of Activity

Sq. Ft. _____
Sq. Ft. _____

Area of Wetlands Impacted

Sq. Ft. _____

Is property subject to any conservation easements or preservation restrictions? _____ If yes, please attach copy

Total Sq. Ft. of Building: _____

Land Surveyors Information: (Attach as applicable) License #, Name, Company, Address _____

Engineer's Information: (Attach as applicable) License #, Name, Company, Address _____

Documents Submitted/Attached:

- Zoning Building Plans Site Plans A-2 Survey Building Elevations Health Dept.
- Reports Calculations License Dept. Approvals Insurance Certificate WPCA
- Details Authorization of Applicant Other than Owner Erosion/sediment Control Statement
- Statewide IWW Activity Reporting Form Soil Scientist Report Wetlands analysis and report
- Statement of Special Inspections Other (describe) _____
- Flood Zone(s) Aquifer Protection District Yes No

Check whether any of the following apply:

- A portion of the property affected by the decision of the Commission is located within five hundred (500) feet of the boundary of an adjoining municipality.
- A portion of the sewer or water drainage from the project site will flow through and significantly impact the sewage system within the adjoining municipality.
- Water run-off from the improved site will impact streets or other municipal or private property within the adjoining municipality.
- Not Applicable.

If any of the above apply, the applicant is required to give written notice of his/her application to the Inland Wetlands Agency of the adjoining municipality and submit a copy to Seymour IWC Notification must be by **CERTIFIED MAIL/RETURN RECEIPT**

★ **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 Town of Seymour Regulations and that there are no environmental issues or hazards in the proposed work.



Signature of Owner/Authorized Agent

Print Name

Date

For Wetland Official's Use Only

Municipal Fee: \$ 60.00 _____

Permit #: _____ Expiration Date: _____

State of CT DEEP Fee: \$ 60.00 _____

Permit Use: _____

Publication Fee: _____

Application Accepted Date: _____

Total Fee: _____

Application Approval Date: _____

Review Date: _____

Check #: _____ Cash _____

Received by

Signature of Wetlands Enforcement Officer