



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



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: _____

Commercial Residential

Pool: _____

Above-Ground

Sign: _____

Temporary Permanent

Excavation: _____

Decks: _____

Demo: _____

Change of Use: _____

Addition: _____

Commercial Residential

Garage: _____

In-Ground Detached Portable

Cert. of Occupancy: _____

Erosion Control Plan: _____

Adult Living/In-Law: _____

Sheds: _____

Generators: _____

Special Permit: _____

PERMIT FEE TOTAL - \$ _____

DEPARTMENT 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. 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 #:

Zoning Permit Fee: \$

Permit Fee Total : Review Date: \$

CHECK # :

Received by

Signature of Zoning Official