

Decks: _____
Demo: _____
Change of Use: _____

Sheds: _____
Generators: _____
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: _____

Dept. Zoning Zoning Appeal Board Wetlands Health

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

Surveyor Information: (Attach as applicable) Registration # _____

Documents Submitted/Attached:

Dept. Zoning Building Plans Site Plans Building Sections Building Elevations Health
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, 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