

For Office Use			
Date Submitted:			
Building Permit #:			
Fee:			

Department of Planning and Development Administrative Zoning Compliance Review

APPLICANT INFORMATION

Applicant	Property Owner		
Name	Name		
Address	Address		
City, State Zip	City, State Zip		
Phone	Phone		
Email	Email		
Signature	Signature		
PROPERTY	INFORMATION		
Address of Work: Zoning District: Proposed Activity (Check all that apply) [] Construction of shed [] New Single Family Home [] Addition to existing residence [] In-law apartment [] Construction of a deck [] Agricultural uses [] Sign Permit [] New Business [] Expansion of existing commercial/industrial building [] Construction of new industrial/commercial/multi-family building [] Filling, Grading, or Earth Removal Activities Proposed Use:			
Existing Use:			
Type of Improvement (check all that apply)	Total area (sq ft) H	eight (ft)	
 [] New Principal Structure [] Addition [] Deck [] Shed/Accessory Structure [] Sign [] Pool [] In-Law Apartment 			



Town of Cheshire Department of Planning and Development <u>Development Standards</u>

Please provide the following:

- 1. A copy of a map or site plan, drawn to scale, to include the following:
 - a. Location and exact dimensions of all boundaries of the lot.
 - b. Location of wetlands and watercourses on or near the property.
 - c. Location and exact dimensions of all existing and proposed structures, septic system, and water supply.
 - d. Exact distance of proposed structures from property lines.
 - e. A floor if the application is for a commercial change of use.
- 2. Staff may require additional information based on the type of the permit required.

ENVIRONMENTA	L INFORMATION		
Inland Wetlands/Watercourse			
Does the property contain inland wetland soils or water	ourses? [] Yes [] No		
CIWWC Staff Signature:	Date:		
Is the property located within a flood zone?	[] Yes		
Septic and Well			
Is the property served by septic system?	[] Yes [] No		
Is the property served by onsite well?	[]Yes [] No		
REQUIRED ZONING INSPECTIONS – OFFICE USE ONLY			
[] E/S compliance [] Foundation As Built	[] Final As-Built [] Certificate of Occupancy		
[] Site Plan Compliance [] Limits of Clearing	[] Final Zoning Compliance		
Approved:	Date:		
Denied:			

NOTICE OF RIGHT TO ADVERTISE (CGS 8-3 (f)) State statutes provide that an applicant may provide notice of the issuance of any Certificate of Zoning Compliance by either (1) publication in a newspaper having substantial circulation in such municipality stating that the certification has been issued, or (2) any other method provided for by local ordinance. Any such notice shall contain (A) a description of the building, use or structure, (B) the location of the building, use or structure, (C) the identity of the applicant, and (D) a statement that an aggrieved person may appeal to the zoning board of appeals in accordance <u>within thirty days</u> of the publication of the notice.

ZONING PERMIT PLANNING AND ZONING COMMISSION

BUILDING PERMIT NUMBER: DATE:			
CIRCLE: (BUILD) (REPAIR) (REPLACE)			
CIRCLE WHAT YOU INTEND TO BUILD: (FAMILY DWE (DECK) (GARAGE) (OTHER- IF OTHER PLEASE DE	ELLING) (ADDITION) (SHED) (POOL)		
	VALUE \$		
CIRCLE TYPE OF EXISTING PREMISES WHERE YOU PLAN TO (INDUSTRIAL) (FARM) (OTHER- IF OTHER	O BUILD: (DWELLING) (COMMERCIAL)		
CIRCLE DOES THE PROPERTY CONTAIN IN WATERCOURSE? (YES) (NO) IF YOU DON'T	KNOW, LEAVE UNANSWERED FOR NOW		
IS THE PROPERTY WITHIN THE 50' (YES) (NO) IF YOU DON'T	UPLAND REVIEW AREA? KNOW, LEAVE UNANSWERED FOR NOW		
C.I.W.W.C. STAFF SIGNATURE:	office use only Approval date:		
PROPOSED STRUCTURE MEETS APPLICA CIRCLE: (YES) (NO) IF YOU DON'T KNOW WHAT THE	BLE SETBACK REQUIREMENTS BY ARE PLEASE ASK		
	APPLICANT: I hereby certify that the information contained herein is accurate.		
Project location address	Signature of Applicant		
GRANTED:	Name of Applicant (Print)		
	Address of applicant		
Zoning Enforcement Officer	Telephone # of applicant		
	Totophono mon applicant		

THIS APPROVAL IS SUBJECT TO COMPLIANCE WITH THE PROVISIONS OF THE ZONING REGULATIONS AND THE SUBDIVISION REGULATIONS (WHERE APPLICABLE) OF THE TOWN OF CHESHIRE AND AS AUTHORIZED UNDER 8-3f OF THE CONNECTICUT GENERAL STATUTES, AS AMENDED. Fee \$50.00

OWNER OF LAND if different from applicant:	Phone #
SIZE OF LOT: SQ. FT.	
ROOF AREA OF PROPOSED STRUCTURE(S): If there is no roof, such as a deck, pool, etc. leave blank.	SQ. FT.
OFFICE USE ONLY PROPOSED TOTAL LOT COVERAGE:% map:	lot: zone: chedule B of the zoning regulations

SKETCH LOCATION OF **ALL EXISTING AND PROPOSED** STRUCTURES DISTANCES ARE TO PROPOSED STRUCTURES ONLY

REAR PROPERTY LINE

		REAR PROFERIT LINE		
SIDE PROPERTY LINE	Distance from side line to proposed structure:ft.	Distance from front property line to proposed structure:	Distance from side line to proposed structure:ft.	SIDE FROTENIT LINE
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FRONT PROPERTY LINE (Edge of right-of-way, not pavement)

