

**ZONING PERMIT
PLANNING AND ZONING COMMISSION**

BUILDING PERMIT NUMBER: _____
PERMISSION TO: _____ DATE: _____

CIRCLE: (BUILD) (REPAIR) (REPLACE) (ALTERATION)

CIRCLE WHAT YOU INTEND TO BUILD: (FAMILY DWELLING) (ADDITION) (SHED) (POOL)
(DECK) (GARAGE) (OTHER- IF OTHER PLEASE DESCRIBE: _____

_____ VALUE \$ _____

CIRCLE TYPE OF EXISTING PREMISES WHERE YOU PLAN TO BUILD: (DWELLING) (COMMERCIAL)
(INDUSTRIAL) (FARM) (OTHER- IF OTHER PLEASE DESCRIBE: _____

CIRCLE DOES THE PROPERTY CONTAIN INLAND WETLANDS OR A
WATERCOURSE? (YES) (NO) IF YOU DON'T KNOW, LEAVE UNANSWERED FOR NOW

IS THE PROPERTY WITHIN THE 50' UPLAND REVIEW AREA ?
(YES) (NO) IF YOU DON'T KNOW, LEAVE UNANSWERED FOR NOW

C.I.W.W.C. STAFF SIGNATURE: _____ office use only Approval date: _____

PROPOSED STRUCTURE MEETS APPLICABLE SETBACK REQUIREMENTS

CIRCLE: (YES) (NO) IF YOU DON'T KNOW WHAT THEY 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

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.

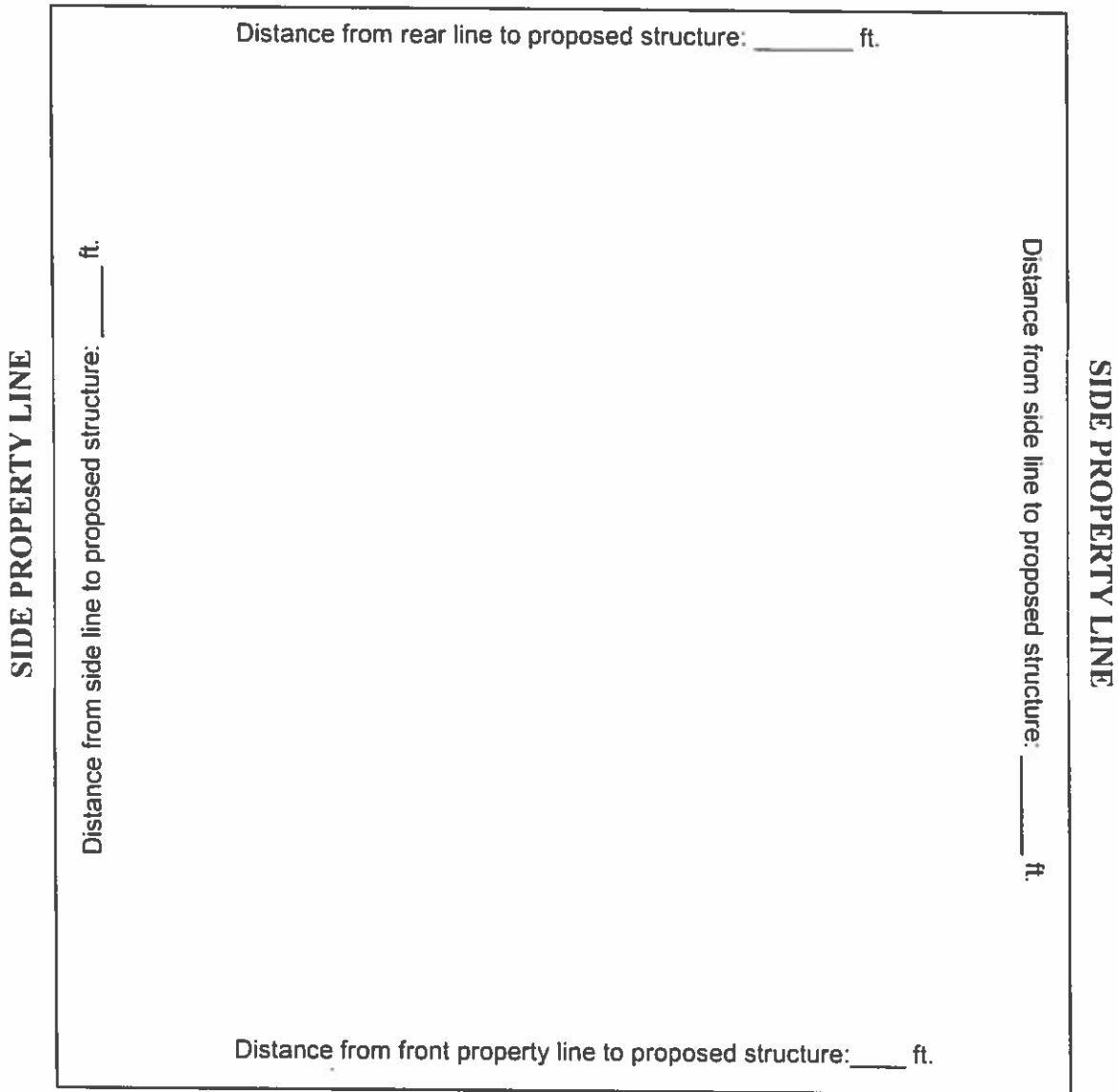
ROOF AREA OF PROPOSED STRUCTURE(S): _____ SQ. FT.

If there is no roof, such as a deck, pool, etc. leave blank.

OFFICE USE ONLY PROPOSED TOTAL LOT COVERAGE: _____% map: _____ lot: _____ zone: _____
Lot coverage, setbacks, etc. are subject to dimensional requirements set forth in section 32, schedule B of the zoning regulations.

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

REAR PROPERTY LINE



FRONT PROPERTY LINE (Edge of right-of-way, not pavement)



Mark North Point