



# APPLICATION FOR ACCESSORY STRUCTURES

Application No: \_\_\_\_\_

Date: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Structure type: \_\_\_\_\_ Used for: \_\_\_\_\_

Size: \_\_\_\_\_ ft. by \_\_\_\_\_ ft. Height of structure from the ground to peak: \_\_\_\_\_ ft.

Location of property: \_\_\_\_\_

Lot area \_\_\_\_\_ acres Zoning district: GC \_\_\_\_\_ M1 \_\_\_\_\_ M2 \_\_\_\_\_ RA80A \_\_\_\_\_ RA80 \_\_\_\_\_ RA15 \_\_\_\_\_

Property line setbacks: Front \_\_\_\_\_ ft. Rear \_\_\_\_\_ ft. Left Side \_\_\_\_\_ ft. Right Side \_\_\_\_\_ ft.

Do you have: Well \_\_\_\_\_ Public Water \_\_\_\_\_ Septic \_\_\_\_\_ Public Sewer \_\_\_\_\_ Wetlands within 100 ft \_\_\_\_\_

Name of owner: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

I hereby agree to conform to all requirements of the laws of the State of Connecticut and the Ordinances and Regulations of the Town of Thomaston, and to notify the Land Use Office of any alteration in the plans for which this permit is being asked. I furthermore agree that the above described facility is to be located at the proper distance from all property and street lines as required by the Zoning Regulations or any other applicable local and state ordinances and regulations, and it is understood that the facility upon completion will be used in compliance with the Zoning Regulations of the Town of Thomaston.

I understand that if this zoning permit application is approve in accordance with Public Act 03-144, I may provide notice of the zoning certification associated with a building permit or certificate of occupancy by publication in a newspaper having substantial circulation in this municipality stating that the certificate has been issued 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 with the provisions of Section 8-7, as amended by this act. The Commission and/or Zoning Enforcement Officer must be notified of any changed to the approved plans.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

OWNER OR AGENT

Print: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

OWNER OR AGENT

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**(OFFICE USE ONLY)**

Floor Area \_\_\_\_\_sq. ft. Existing Ground Coverage \_\_\_\_\_% Proposed Ground Coverage \_\_\_\_\_%

Approved by Zoning Agent \_\_\_\_\_ Date \_\_\_\_\_

Denied by Zoning Agent \_\_\_\_\_ Date \_\_\_\_\_

Conditions of approval/reason for denial: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_