



APPLICATION FOR ZONING PERMIT

Application No: _____

Date: _____

Fee: _____

The undersigned applies for a permit to the Zoning Commission for: _____

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.

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: _____

(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: _____

