



APPLICATION FOR ZONING PERMIT SHEDS/ACCESSORY STRUCTURES

Date _____

Application No. _____

Type of structure & size: _____

Location of property: _____ Map _____ Block _____ Lot _____

Zoning District: _____

Name of owner/agent: _____

Address: _____ Phone No: _____

No. of stories: _____ Height from ground level to peak: _____ Area of lot: _____

Setbacks: Front: _____ ft. Rear: _____ ft. Side: _____ ft.

Do you have: well _____ public water _____ septic _____ public sewer _____

I hereby agree to conform to all requirements of the Laws of the State of CT 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 the above described sign 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 sign upon completion will be used in compliance with the Zoning Regulations of the Town of Thomaston.

I hereby apply for a Zoning Permit for the use of property as described in the above application for a permit pursuant to Sections 8.1 and 8.2 of the Zoning Regulations of the Town of Thomaston.

Signed _____

Address: _____ Phone No: _____

OWNER OR AGENT

(OFFICE USE ONLY)

Existing lot size _____ Existing lot coverage _____ Proposed lot coverage _____

Fee paid: \$ _____ Received by: _____ Check# _____ Cash _____

**Permission is hereby granted to the undertake the use as listed above.
Zoning Commission, Town of Thomaston, CT**

Approved by Zoning Agent _____ Date _____
Zoning Agent

Denied by Zoning Agent _____

Reason _____