

Paid Date: _____
Check/MO #: _____
Initial: _____

TOWN of EAST HAVEN

ZONING PERMIT Application Date Submitted: _____ Fee: \$ _____

The applicant is totally responsible for accurately completing all sections of this Application, Assessor Cards and Plot Plans are considered to be part of this application, and any error or omission on the application and/or plan may automatically void any approvals.

[1] **PROJECT LOCATION** _____

[2] Complete **Description** of Proposed Work: _____

[Provide height, # stories, etc. and an complete, accurate description of proposal]

[3] **Applicant** Information: _____

[Provide name, address, telephone - if builder, Trade name & CT. license number]

[4] **Property Owner's** Information: _____

[5] Assessor Card Information: Zoning District: _____
Property Map number: _____ Block number: _____ Parcel number: _____

[6] The undersigned makes application for a Zoning Permit for one or more of the following
[List each proposal in detail]

- Use of Land Ground floor addition Second Floor Addition Decking
 New Construction Creation of Additional Dwelling Units Sign(s)
 Creation of additional Kitchen/bathrooms Shed or "cover-it" Attached Garage
 Detached Garage Create Living Space in Attic/Dormer Commercial Bldg.
 Swimming Pool Other (describe & explain) _____

[7] Is this application being filed in conjunction with a Site Plan Application? YES NO
Is this application being filed in conjunction w/a Special Exception? YES NO
Is this application being filed in conjunction w/a Variance Application? YES NO
Is this application being filed in conjunction w/a Subdivision and/or Re-Subdivision Application?
 YES NO
Is a PERFORMANCE BOND required in conjunction w/this Application? YES NO

[8] Is this application accompanied by a PROFESSIONAL SURVEY YES NO
Is this application accompanied by a computer generated or hand drawn survey and/or Plot Plan?
 YES NO. If "yes" the applicant acknowledges and concedes that any error/omission in the submitted Plan/Survey automatically voids any approval and/or permit(s) obtained as a result of the information contained on said plan and/or survey.

[9] Is the property in question serviced by a private WELL and/or SEPTIC SYSTEM?
 YES NO. [If "yes" you must contact the East Shore Health District.]

PROJECT LOCATION: _____

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[10] Is this application accompanied by Building Plans for review as to compliance to the East Haven Zoning Regulations? [] YES [] NO

[11] The overall height of the proposed building/structure, measured from ground level to the highest point of the roof is _____feet, _____inches, [consult Sections 25.3, 25.3.1 and 25.4.3 of the Zoning Regulations to insure compliance.]

[12] The proposed number of stories of this project is: _____ [consult Section 4.38 of the Regulations to insure compliance.]

[13] Any/all Deed Restrictions and/or Easements and/or Restrictive Covenants must be included with this completed application.

The undersigned applicant, property owner and/or agent acknowledges hereby acknowledges that it is not the obligation of the Zoning office to seek out and insert any information required in this Application. The undersigned further acknowledges that any required information omitted, for any reason; or any information provided that is erroneous or false will INVALIDATE any/all permits legally issued based on the correctness of the information. The undersigned further acknowledges his/her/their sole responsibility to make any/all corrections and/or modifications, physical, legal or otherwise to the site resulting from the Town's reliance on the accuracy of the information presented. The undersigned further acknowledges that any construction, grading, filling or use of land, authorized by this Permit that results in any form of PHYSICAL DAMAGE to any Town Property, Town Road, existing or bonded Subdivision and/or Re-subdivision is the sole responsibility of the property owner for whom this permit is being issued; and that the Town is duly authorized to withhold any Permit and/or Certificate of Use and Occupancy approved under this permit until such time that all said damage is repaired and/or replaced to the satisfaction of the Town of East Haven.

I hereby certify, by my signature, that I have read and fully understand that this application and all required Plans and Attachments being presented for review are correct, complete and accurate: and that any forthcoming permit has been issued solely and entirely on the basis that this application is correct, complete and accurate; and in the event of any error, omission and/or inaccuracies; said permit and any subsequent permit issued, and any work, and/or use authorized by this permit is NULL and VOID.

SIGNATURE: _____ DATE _____
[owner/applicant/authorized agent of the owner]

PROJECT LOCATION: _____

ENGINEERING STAFF USE ONLY

Flood Plain Information: _____ Zone: _____

Existing Elevation: _____ Proposed Elevation: _____ Required Elevation: _____

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Inland Wetlands on property? YES NO

Tidal Wetlands on property? YES NO

Inland Wetland Approval required: YES NO

Flood & Erosion Approval required YES NO

C. A. M. Approval required? YES NO

Conditions and/or Buffer Strip Required _____

Signature: _____

Date _____

[Town Engineer or Authorized Agent]

Preliminary Approval & Date	DEPARTMENT	Final Approval & Date
	ENGINEERING	
	INLAND WETLANDS	
	FLOOD & EROSION	
	COASTAL MGT	
	TAX OFFICE	
	FIRE MARSHALL	
	EAST SHORE HEALTH	
	ZONING	

The above proposal has been reviewed and inspected to its "As-Built" conditions and based on the information submitted, has been approved for a Certificate of Use and Occupancy.

Date: _____ Signature: _____

[Building Official or Authorized Agent]