



APPLICATION FOR ZONING PERMIT ACCESSORY STRUCTURES

Date: _____

Application No: _____

Fee Paid: _____

Name of owner: _____ Phone No: _____

Address: _____ Map _____ Block _____ Lot _____

Structure type: _____ Size: _____ feet by _____ feet

To be used for the purpose of _____

Zoning District: _____ Height from ground level to peak: _____

Lot Area: _____ Existing Ground Coverage %: _____ Proposed Ground Coverage %: _____

Property Line Setbacks: Front: _____ ft. Rear: _____ ft. Side 1: _____ ft. Side 2: _____ ft.

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

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 requested. I furthermore agree the above described structure 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 Section 4.5, Schedule A, Part D, Schedule B and Article 5 of the Zoning Regulations of the Town of Thomaston.

Print & Sign _____ Date: _____

OWNER OR AGENT

A Notarized "Owner Authorization" form must accompany this application if not the property owner

(OFFICE USE ONLY)

Permission is hereby granted by the Zoning Enforcement Official and Planning and Zoning Commission to undertake the use as listed above.

Approved by Zoning Agent _____ Date: _____

Zoning Agent

Notes/Conditions of Approval: _____

Fees:

Base: \$90 up to 250 s.f. plus \$30 for each added 250 s.f. _____

Disturbed area x \$0.01 per s.f. (for structures over 500 s.f. only) _____