

PLANNING & ZONING COMMISSION, Prospect, CT
APPLICATION FOR A ZONING PERMIT

Date: _____

Application is hereby made to the Planning & Zoning Commission by:

Name of Owner: _____

Address: _____

Location of Property: _____

Assessor's Plate # ___ Lot: II ___ Copy of Deed - Vol. # ___ Page # ___
(Assessor's Office) (Town Clerk's Office)

Abutting Property Owners Copy of Deed - To Verify Ownership

1. Proposed Use of the Building or Land: _____
2. Zoned: _____
3. Width of Lot: ___ Ft. Depth of Lot: ___ Ft. Area of Lot: _____ Sq.Ft.
4. Size of Building: Length ___ Ft. Width ___ Ft. Height ___ Ft. (1 or 2 Story)
5. Distance from Property Lines: Front ___ Ft. Rear ___ Ft.
Sides ___ Ft. ___ Ft.
6. Type of Construction: _____
7. Location of Well & Septic System - Please indicate on Plot Plan, Pg. 3
8. ADDITIONAL: Wetlands involved - must have Inland/Wetlands approval.
Well and/or Septic System Involved - must have Chesprocott approval.

Additional Remarks or Information: _____

Telephone No. _____ Signature: _____

Owner and/or Agent

Note: Agent must produce letter signed by Owner designating the authorization.

Chesprocott Health District - 272-2761
Zoning Permits - William Donovan - 758-4461
Building Permits - Town Hall - 758-4461
Electrical Permit - Tues, Wed. Thurs
Plumbing Permit - 2:30 - 5:30
Wm. Scarpati, Bldg. Inspector - 758-4048
Sam Russo, Asst. Bldg. Inspect - 729-1501

PLOT PLAN

Plot Plan must be drawn or attached to this application. (Scale - 1" = 40')
In compliance with the Zoning Regulations locations of well and septic system should be shown and all boundaries of the property and the location of the building or buildings on the property, including the center line of any public or private sight-of-way indicated.

ANY CHANGES FROM THIS DRAWING OR PLAN MUST BE CHECKED WITH THE PLANNING & ZONING COMMISSION OR ITS APPOINTED AGENT.

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						^ <-240'

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Inspected by: _____ Date: _____
Remarks: _____

