

TOWN OF COLEBROOK
562 Colebrook Rd., P.O. Box #5
Colebrook, CT 06021-0005
860-379-3359 ext. 209
mhalloran@colebrooktownhall.org

Permit # _____
Fee Paid: \$ _____
State of CT Fee: \$ _____
Check #: _____
Date Paid: _____

ZONING PERMIT

Date: _____

Location: _____

Map: _____ Lot: _____ Zone: _____ Acreage of Lot: _____

Property Owner: _____ Phone # _____

Owner's Mailing Address: _____

_____ email: _____

Applicant/Agent: _____ Phone# _____

Mailing Address: _____

_____ email: _____

Reason for Permit: New Construction _____ Addition _____ Outbuilding _____

Change of Use: _____ Sign: _____ Swimming Pool: _____ Other _____

Dimensions of new construction: _____ Height: _____

This permit requires a plot plan or survey for all new construction, including all set backs from property lines. Site plan must include dimensions of all structures, existing and proposed.

Description of proposed construction: _____

If a claim of pre-existing non-conforming use is being made, you must include written documentation of same from August 2, 1956 to present.

Plan Reviewed by Inland Wetlands? Yes _____ No _____

Please attach copy of Wetlands Permit (if applicable).

Please attach copy of Farmington Valley Health District approval (if applicable).

The issuance of this permit is for zoning purposes only and does not relieve the applicant of the responsibility of securing, without limitation, all necessary building, health, fire or other necessary permits prior to the commencement of construction.

I do hereby declare under penalty of perjury that the above information is complete and accurate to the best of my knowledge and that no other work involving is to be performed under this permit without proper authorization.

Owner's Signature: _____

Please Print Name: _____ Date: _____

Applicant's Signature (if different): _____

Please Print Name: _____ Date: _____

****VOID ONE YEAR AFTER APPROVAL IF WORK HAS NOT COMMENCED****

OFFICIAL USE ONLY

Acreage of lot: _____ = _____ sq. ft.

Total square footage of all structures: _____ = % lot coverage _____

Approved: _____ As permitted by Zoning Regulation _____

Denied: _____ Reason for Denial: _____

ZEO Signature: _____ Date: _____

Copy sent to Applicant: _____ Date: _____ By: _____

Copy to Building Official: _____ Date: _____ By: _____ August 2013