

TOWN OF COLEBROOK

562 Colebrook Rd. PO Box #5

Colebrook, CT 06021

Tel.(860) 379-3359 Ext. 209

ZONING PERMIT

Application Fee \$ _____

Date _____

Location: (Street and House or Lot number) _____

Property Owner: _____

Owners Mailing Address: _____

Owners Email Address: _____

Current Property Use: _____

Proposed Property Use: _____

Reason for permit: New Building ___ Addition ___ Alteration ___ Swimming Pool ___
Change of Use ___ Sign ___ Other _____

A Plot Plan is Required For All Proposed Structures.

Property Information: Zone _____ Lot Dimensions _____ Area of Lot _____

Proposed Structure Information: Distances from property Lines: Front _____ Rear _____

Left Side _____ Right Side _____

Bldg. Height _____ Lot Coverage Percentage _____

Description of Work to be done or type of business:(Also list any variances granted for the property, and the dates they were granted.) _____

I hereby certify that the above information and measurements are true and correct to the best of my knowledge.

Owner's Signature _____ Date _____

Phone Number _____

OFFICE USE ONLY

Permit : Approved _____ Denied _____

Conditions: _____

Zoning Enforcement Officer _____ Date _____

Permit is only approved if signed by Zoning Enforcement Officer.

PERMIT IS VOID IF WORK IS NOT COMMENCED WITHIN ONE YEAR OF APPROVAL