

Application for Zoning Permit - Town of Wolcott

Date: _____
Application # _____

Received By: _____
Fee Paid \$ _____

This Application is made by the undersigned in accordance with the provisions and requirements of the Wolcott Zoning Regulations for one or more of the following:

- Use of Land
- Change of Use
- Proposed Building/and or Structure and the use thereof
- Addition/Change of Existing Structure and the use thereof
- Sign
- Parking Area
- Outside Storage
- Other - Explain: _____

Applicant's Name: _____

Address _____ Phone _____

Property Owner (if different): _____

Address: _____ Phone _____

Project Location: (Attach Assessor's Field Card to Application)

Street Address: _____ Unique ID # _____

Assessor's Map # _____ Parcel # _____ Lot Area _____ Zoning District _____

Are there Inland Wetlands on this property? Yes ___ No ___ Don't Know _____

(If yes, an Inland Wetlands Permit may be required)

Description of Proposal: **SCHEDULE A** Use Line _____

Describe Further with **Business Name, License #, etc.** _____

Total Floor Area for Each Dwelling Unit (Living Area, All Floors): _____

Total Ground Coverage of All Buildings (As % of Lot): _____

Total Ground Coverage of Building, Storage, Pavement, and Other Impervious Surfaces (Non-Residential Zones Only): _____

Total Floor Area of All Buildings _____ Number of Stories _____ Maximum Height _____

Setbacks from: Street Line: _____ Rear Line: _____ Left Side Yard _____ Right Side Yard _____

Accurate staking is required prior to approval and issuance of Zoning Permit (52.6.1)

Attachments:	Yes	No
Application accompanied by Site Development Plan	_____	_____
Application accompanied by Engineered Plot Plan	_____	_____
Application accompanied by Scaled, Hand-drawn Plot Plan *	_____	_____
Application accompanied by Variance		
Granted _____ Pending _____		
Application authorized by Special Use Permit		
Granted _____ Pending _____		

***** NOTE: All new businesses MUST file their TRADE NAME with the Town Clerk's Office *****

**** NOTE: Reasonable Accommodation Policy Located in Section 56 of the Town of Wolcott Zoning Regulations ****

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*Plot plan must be done to scale and must include dimensions of lot, setbacks of all structures, location of well, septic system driveway, proposed additions and other significant physical characteristics. The Applicant is totally responsible for its accuracy in any claims resulting from its submission.

The approved Application for Zoning Permit is terminated and becomes null and void if the authorized work or activity is not commenced within six (6) months of the date of issuance and/or authorized construction is not completed within two (2) years of the date of issuance.

I hereby certify that this Application and all required drawings and attachments are correct and accurate to the best of my knowledge and the permit to be obtained is being issued on the basis of the information contained herein.

Signed: _____
Owner and/or Applicant or Agent Date Owner, if not Applicant Date

Official Use

Sanitation Approval – (Chesprocott Health District 203-272-2761) or **Sewer and Water Dept.**

By: _____ Date: _____

Comments, if any _____

Fire Marshal Approval: (For General Commercial and Industrial Zone)

By: _____ Date: _____

Comments, if any _____

Building Official Approval: (For General Commercial and Industrial Zone)

By: _____ Date: _____

Comments, if any _____

Tax Collector Statement provided that taxes are paid: Yes _____ No _____

Inland Wetlands Approval:

- Action: No Wetlands Involved; No Permit Required
- No Impact to Wetlands; No Permit Required
- Permit Required; Chairman’s Approval Authorized
- Permit Required; Full Commission Approval Required

Approved by: _____ Date _____

Denied by: _____ Date _____

Decision of Zoning Enforcement Officer:

Approved by: _____ Date: _____

Denied by: _____ Date: _____

Reason(s): _____

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