Application for Zoning Permit - Town of Wolcott

Date: _____   Received By: _____

Application # _____   Fee Paid $ _____

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

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

*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 _____

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): _____
_____
_____

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