

Fee \$85 Paid _____
(Includes \$60 State tax)

TOWN OF SALISBURY ZONING PERMIT

Date: _____ Zoning Permit # _____

Property Address:

Name of Applicant: _____ Telephone # _____

Mailing Address: _____

Name of Owner: _____ Telephone # _____

Mailing Address: _____

Zoning District: _____ Assessor's Map# _____ Lot # _____

Required Setbacks: Front: _____ Side: _____ Back: _____

Lot Area: _____ Sf/Acres
Lake Overlay Zone ___ Yes ___ No
Aquifer Protection Zone ___ Yes ___ No

Flood Plain Zone: ___ Yes ___ No
Housatonic River Zone ___ Yes ___ No
Watershed Protection Zone ___ Yes ___ No

Town Water: ___ Yes ___ No
Private Well ___ Yes ___ No

Town Sewer: ___ Yes ___ No
Septic System ___ Yes ___ No

Does any portion of this property contain a conservation or preservation land restriction on it? Yes ___ No ___

If 'Yes' applicant must notify the holder of the land restriction regarding the application by certified mail, return receipt requested, no later than 60 days prior to the filing of the application. In lieu of such notice the applicant may submit a letter from the holder of such restriction (or their agent) verifying that the application is in compliance with the terms of the restriction.

Current Use: _____ Proposed Use: _____

Permit is requested for the following:

___ new construction
___ accessory structure
___ parking

___ change of use
___ addition
___ other (explain below)

Dimensions of proposed construction: Width: ___ Ft. Length: ___ Ft. Height: ___ Ft.

Description of proposed work: _____

I, the undersigned applicant, understand that this Zoning Permit is based on information, submitted by me and that falsification by misrepresentation, omission or failure to comply with the conditions of approval shall constitute a violation of the Zoning Regulations and render this permit null and void. I further authorize the Town of Salisbury agents to enter the property during and after construction for the purpose of inspection with regard to this application.

*All applicants are responsible for obtaining other required approvals **prior** to the issuance of a Zoning Permit.*

/ **Applicant's signature** _____ **Date:** _____

I have read and will comply with the requirements outlined in the Required Action List.

Applicant's signature _____ **Date:** _____

* * * * *

For Official Use Only

Conditions or Comments: _____

Permit: _____ Issued _____ Denied By: _____ Date: _____

Foundation Approval: _____ Issued _____ Denied _____ Date: _____

Required Approvals	Date	Issued by	Conditions
____ Health District (Torrington Area)	_____	_____	_____
____ Site Plan (PZC)	_____	_____	_____
____ Special Permit (PZC)	_____	_____	_____
____ ZBA Variance	_____	_____	_____
____ Inland Wetlands (Conservation Comm)	_____	_____	_____
____ Excavation/Grading Permit (PZC)	_____	_____	_____
____ Driveway Permit (Bd of Selectmen)	_____	_____	_____
____ Sewer Connection (WPCA)	_____	_____	_____
____ Water Connection (Aquarion)	_____	_____	_____
____ Engineering Review	_____	_____	_____

Use the space below to draw a plot plan of your proposed construction. Show such features as: Street, existing and proposed structures, dimensions to the front, side and rear property lines, lot dimensions, easements, driveways, parking areas, wetlands or watercourses, drainage ditches, proposed erosion controls.

NOTE: Covered porches, covered decks, roof overhangs, eaves, bay windows must all be within the building area and meet the setback requirements.



Information supplied by: _____

An A-2 survey/site plan may be required by the Zoning Administrator or Planning and Zoning Commission. Non-residential uses require survey/site plans in accordance with Section ---- of the Zoning Regulations.

In accordance with Public Act 03-144 and 8-3(f) of the Connecticut General Statutes, the applicant for any zoning permit or zoning certification may provide notice of the zoning official's decision as prescribed by PA 03-144.

Effective 11.18.2010