

OFFICE USE ONLY

Permit # _____

Fee: _____

Date Paid: _____

**Town of Killingly, Connecticut
Zoning Permit**

Date: _____

1. Location of Property: _____

2. Property Owner: Name: _____ Phone #: _____

Address: _____ Email: _____

3. Applicant (if different): Name: _____ Phone #: _____

Address: _____ Email: _____

Property Use:☐ Single Family Residential ☐ Two-Family Residential ☐ Industrial ☐ Commercial☐ Mobile Home – Residential ☐ Multi-Family Residential**Proposed Structure or Project:**☐ New Construction ☐ Addition ☐ Accessory Structure (Shed, Barn, etc.)☐ Swimming Pool ☐ Excavation / Fill ☐ Sign☐ Change of Use ☐ Other: _____

Zoning District: _____ Overlay: _____ GIS Map: _____ Lot: _____

Description of work:

PERMIT VOID IF ... work or activity is not commenced within one (1) year from the date of issue and diligently prosecuted to completion. This permit, if issued, is based upon the plot plan submitted. Falsification, by misrepresentation or omission, or failure to comply with the conditions of approval of this permit shall constitute a violation of the Town of Killingly and/or Borough of Danielson Zoning Regulations. Agents of the Town of Killingly are authorized to enter upon the property for the purpose of inspection and verification of compliance with the terms of this permit.

I understand that I may publish notice of issuance of this permit in a newspaper in accordance with the Public Act 03-144 if I so choose:

Signature: _____ Phone #: _____

For Office Use Only:

Other Approvals:

☐ Aquifer Protection _____☐ Inland Wetlands _____☐ Special Permit _____☐ Site Plan Review _____☐ Variance _____☐ Approved ☐ Denied

Comments: _____

Date: _____

Zoning Enforcement Officer _____