

DATE: _____

TOWN OF KILLINGLY, CONNECTICUT ZONING PERMIT

Sample

Complete Items #1-10 and the plot plan on the reverse side of the top sheet.

1. Location of Property _____
 House # & Street _____
 GIS Map Number _____ Lot _____ Zoning District _____ Volume _____ Page _____ List _____
2. Property Owner's Name _____ Phone _____
3. Property Owner's Address if different from property location _____
4. Applicant's Name and Address if different from Property Owner's Name and Address _____
 Phone _____

5. Lot Size _____ Lot Frontage _____
6. This permit is applied for in accordance with the requirements of the Town of Killingly and/or Borough of Danielson Zoning Regulations for:
- | | |
|--|---|
| <input type="checkbox"/> new construction | <input type="checkbox"/> excavating/filling/earth removal |
| <input type="checkbox"/> addition | <input type="checkbox"/> sign |
| <input type="checkbox"/> accessory structure (sheds, satellite dishes, etc.) | <input type="checkbox"/> change of use |
| <input type="checkbox"/> swimming pool | <input type="checkbox"/> other _____ |
7. Public sewer or septic (circle one)
8. Proposed structure or project —
 Provide description and dimensions:

9. Property Use:
- single family residential
- two family residential
- mobile home — residential
- multi-family — residential
- Industrial
 specify _____
- Commercial
 specify _____
- Professional and Business
 specify _____

10. PERMIT VOID IF . . . work or activity is not commenced within one 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 Public Act 03-144 if I so choose.

 (Signature of Owner or authorized agent)

 (Agent's phone #)

FOR OFFICE USE ONLY:

Inland Wetlands _____

Historic District? Yes No
 Slope greater than 15%? Yes No
 Flood Hazard Zone? _____

Aquifer Protection Zone: Yes No
 Site Plan Review Necessary? Yes No
 Applicant's Name _____
 Application No. _____
 P&Z Commission Approval Date _____

Driveway Permit _____

Special Permit necessary? Yes No
 Applicant's Name _____
 Application No. _____
 P&Z Commission Approval Date _____

Subdivision necessary? Yes No
 Applicant's Name _____
 Application No. _____
 P&Z Commission Approval Date _____

Variance Necessary? Yes No
 Applicant's Name _____
 Application No. _____
 ZBA Commission Approval Date _____

Approved _____ Disapproved _____ Date _____
 Reason for Disapproval: _____

Comments: _____

 Zoning Enforcement Officer

Orig./White: Z.E.O. / Yellow: Backup / Pink: Applicant