

**Town of East Lyme**

P.O. BOX 519  
Niantic, CT 06357  
(860) 691-4114  
Fax: (860) 691-0351

Zoning Permit # \_\_\_\_\_

Date Entered into ZP Log \_\_\_\_\_

**ZONING PERMIT**

Date: \_\_\_\_\_ Assessor's Map/Lot/Unit #: \_\_\_\_\_

Affected Property Address: \_\_\_\_\_

Type of Project{Description of Work}: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

**PLEASE COMPLETE THE BACK OF THE FORM NOW, THEN, SIGN BELOW!!!**

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Site plan/Plot Plan attached?      YES    NO

CERTIFICATION:

I HEREBY CERTIFY THAT:

\_\_\_\_ I AM THE OWNER OF RECORD OF THE NAMED PROPERTY OR

\_\_\_\_ THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND/OR I  
HAVE BEEN AUTHORIZED TO MAKE THIS APPLICATION AS AN AUTHORIZED AGENT, AND  
WE AGREE TO CONFORM TO ALL APPLICABLE LAWS, REGULATIONS AND ORDINANCES.  
ALL INFORMATION CONTAINED WITHIN IS TRUE AND ACCURATE TO THE BEST OF MY  
KNOWLEDGE AND BELIEF.

Owner's Signature: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Permit Fee:    \$ \_\_\_\_\_

State Fee:    \$60.00

Total:        \$ \_\_\_\_\_

**Approval is based on documentation provided by the applicant. Applicant is responsible to provide accurate and true documentation on plot plan/site plan.**

Zone \_\_\_\_\_ Use \_\_\_\_\_ Lot Coverage \_\_\_\_\_

Height \_\_\_\_\_ Front Yard \_\_\_\_\_ Side Yard \_\_\_\_\_ Rear Yard \_\_\_\_\_

Primary Aquifer? YES \_\_\_\_\_ NO \_\_\_\_\_

Secondary Aquifer? YES \_\_\_\_\_ NO \_\_\_\_\_

CAM-within boundary? YES \_\_\_\_\_ NO \_\_\_\_\_

Review Required \_\_\_\_\_ Exemption \_\_\_\_\_

Flood HAZARD-FIRM Community Map Panel No. \_\_\_\_\_ FIRM Zone \_\_\_\_\_

Site Plan Review Req. {CA-CB-CM} by Zoning Commission \_\_\_\_\_ ZEO \_\_\_\_\_ N/A \_\_\_\_\_

D.O.T. Traffic Generator Certification Required? YES \_\_\_\_\_ NO \_\_\_\_\_

Soil Erosion and Sediment Control: \_\_\_\_\_

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Application is:            APPROVED                            DENIED

Comments/Conditions:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_  
East Lyme Zoning Enforcement Officer