

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!!!

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: _____

Application is: APPROVED DENIED

Comments/Conditions:

Date: _____

East Lyme Zoning Enforcement Officer