

Town of East Lyme
Zoning Department



108 Pennsylvania Ave
Niantic CT 06357
(860) 691-4114

ZONING PERMIT APPLICATION

Assessor's Map/Lot/Unit# _____ Zone _____

Affected Property Address: _____

Type of Project {Description of Work}: _____

Property Owner's Name: _____ Ph: _____

Property Owner's Address: _____

Applicant's Name: _____ Ph: _____

Applicant's Address: _____

Email: _____

Site Plan/Plot Plan Attached? YES NO

CERTIFICATION:

___ 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 AND ORDINANCES. ALL INFORMATION CONTAINED WITHIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Owner's Signature: _____

Applicant's Signature: _____ Date: _____

Permit Fee \$ _____

State Fee \$60.00

Total \$ _____

Check# _____

Below to be completed by Zoning Official

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