

OWNER _____ APPLICATION # _____

APPLICATION FOR ZONING AND/OR CHANGE OF USE PERMIT -- SALISBURY, CT

Reason for Application _____

Street _____ Map# _____ Lot# _____

Owner _____ Address _____

Telephone # _____

Architect _____ Address _____

Telephone # _____

Contractor _____ Address _____

Telephone # _____

CT Home Improvement Registration # _____

Zone District _____ Lot Size _____

Existing percentage of coverage of buildings on lot _____

Size of Building _____ Area _____ Height _____

Use of Building _____

Total Number of Rooms _____ Bedrooms _____ Kitchens _____

Water: () Town () Well Sewer: () Town () Private Septic

Additional information or remarks: _____

Conservation Commission () Yes () No

Flood Plain () Yes () No Housatonic River Corridor () Yes () No

Driveway Permit Needed () Town State DOT ()

Erosion and Sediment Control Plan () Yes () No

Certificate of Appropriateness from Historic District Commission () Yes () No

Estimated Cost \$ _____ () Includes plumbing, electric () Excludes plumbing, electric

Permit Fee \$ _____ (Zoning Permit: \$15. Plus \$30. For CT State tax - Total permit fee=\$45.00)

This permit is granted on the express condition that the said construction shall, in all respects, conform to the Ordinances and Regulations of this jurisdiction regulating the construction and use of buildings, and may be revoked at any time upon violation of any provisions of said ordinances or regulations. Any deviation from the approved plans must be authorized by the approval of revised plans subject to the same procedure established for the examination of the original plans. Permits are not valid if construction work is not started within one year from date permit is issued.

Owner's authorization/signature _____ Date _____

Applicant: Signature _____ Date _____

Title _____

Mail permit to _____

Approved by Zoning Administrator _____ Date _____

Zoning Permit # _____

Rejected _____ Date _____

Reason _____
