

**SIGN OFFS**

**Property Address:** \_\_\_\_\_

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**Health Department:**                    \_\_ Approved    \_\_ Denied    Plan Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Date: \_\_\_\_\_                                  Signature: \_\_\_\_\_

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**Building Official:**                    \_\_ Approved    \_\_ Denied    Plan Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Date: \_\_\_\_\_                                  Signature: \_\_\_\_\_

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**Fire Marshal:**                        \_\_ Approved    \_\_ Denied    Plan Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Date: \_\_\_\_\_                                  Signature: \_\_\_\_\_

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**BVFD Representative:**                \_\_ Approved    \_\_ Denied    Plan Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Date: \_\_\_\_\_                                  Signature: \_\_\_\_\_

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**Public Works Director:**                \_\_ Approved    \_\_ Denied    Plan Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Date: \_\_\_\_\_                                  Signature: \_\_\_\_\_

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**Tree Warden:**                         \_\_ Approved    \_\_ Denied    Plan Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Date: \_\_\_\_\_                                  Signature: \_\_\_\_\_

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**TOWN OF BETHANY**  
**Non-Administrative Zoning Permit Application**

Application #: \_\_\_\_\_

Property Address: \_\_\_\_\_  
Zone: \_\_\_\_\_ Assessor's Map #: \_\_\_\_\_ Assessors' Lot #: \_\_\_\_\_

Application is hereby made to the Bethany P&Z Commission to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

**Note: Owner authorization required if applicant is not the owner of the property.**

Is the property subject to any easements, restrictive covenants, conservation easements or conservation restrictions? \_\_\_\_\_ If so, provide Volume and Page Numbers: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By signing below I certify that the project will conform to all applicable laws, regulations and ordinances of the State of Connecticut and the Town of Bethany and that all information stated within is true and accurate. Falsification of information contained within may result in the revocation of this permit. I also grant the PZC or Agent to conduct site inspections during the pendency of the application and for the life of the permit.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
                          Owner                          Applicant

Date Submitted: _____	Date Received: _____
Commission Action: <b>Approved</b> <b>Denied</b>	Date of Action: _____
Remarks or Reasons for Disapproval: _____	

**Notice: A review of your project may be required by the Inland Wetlands Commission prior to submission to the P&Z Commission. Please check with the appropriate persons and/or departments. This will assure that your application is filed properly and can be reviewed in an expedient manner.**