TOWN OF BETHANY Administrative Zoning Permit

Permit #:	

Job Location:		Assesso	r's Map:	Lot number:
Applicant Name:			_Email:	
Applicant Address:				
Home#:	Work#:		Cell#:	
Note: Owner authorization i	required if applica	nt is not the owner of th	<u>ne property.</u>	
Owner Name:			_Email:	
Owner Address:				
Home#:	Work#:		Cell#:	
Description of Work:				
Superstructure Dimensions:	Feet Deep	Feet Long		Feet High
Lot width:Ft.	Lot Area: _	Acres 7	Total Cost (sh	neds only):
Building Coverage (%):	Ground Cov	verage (%):		
Zoning District: □ R-65 □ F	R-130 □ B & I	Area of Disturbance:		Acres
Setbacks: Front:	Rear:	Right Side:	L	eft Side:
Are there any easements, resti property? Yes/No (circle one). By signing below I certify that t	If yes, please provi	de copies. Number of co	pies	_
Connecticut and the Town of information contained within enforcement officer to conduct in	Bethany and that a may result in the 1	ll information stated with revocation of this permit.	hin is true and	d accurate. Falsification of t permission for the zoning
Signature:Owner	Applicant		Date: _	
Remarks:				
In accordance with Public Act 03-144 certificate of occupancy by publication been issued. Any such notice shall constructure, (C) the identity of the applicaccordance with the provisions of secondary.	on in a newspaper havin ontain (A) a description cant, and (D) a statement	g substantial circulation in this of the building, use or structur nt that an aggrieved person may	municipality stare, (B) the location	ting that the certification has n of the building, use or
APPROVED / DENIED	Ву:		Date: _	
Reason for Denial:				

NOTICE:

Issuance of this permit states that the applicant has provided sufficient evidence for **Zoning Compliance**. (See Inspection Process form for Certificate of Zoning Compliance information upon completion.)

Applicant must obtain the following signatures. All departments must review the same site and building plans. If a change has occurred in the plans, it is the applicant's responsibility to obtain a new application and begin the process again.

QVHD: Date:	Plan Date:	Signature:
Wetlands Enforcement Officer: Date:	Plan Date:	Signature:
Public Works Director: Date:	Plan Date:	Signature:
Tree Warden: Date:	Plan Date:	Signature:

THIS SECTION IS FOR OFFICE US	E ONLY		
What's Required?	<u>No</u>	<u>Yes</u>	Rec'd
Owner Authorization			
Private Road Waiver			
Inspection Process form			
Bethany Zoning Regulations Section 11 Compliance			
3 sets of Site Plans - dated:			
3 set of Building Plans - dated:			
Flood Hazard Zone			
Zoning Certificate of Compliance			
Wetlands Permit		•	•
Reviewed by: Date Submit	itted:		
Zoning Permit #: Date Issued	:		