TOWN OF BETHANY

Non-Administrative Zoning Permit Application

	Application #:		
Property Address: _ Zone:			All Control of the Co
			Assessors' Lot #:
Owner Address:			
			Pager #:
			Pager #:
	ization required if appl		
s the property subject	to any easements, restric	ctive covenants, conser	vation easements or conservation
y signing below I certi ne State of Connecticu alsification of informa	fy that the project will co t and the Town of Bethan tion contained within ma	onform to all applicable ty and that all informati y result in the revocatio	laws, regulations and ordinances of on stated within is true and accurate on of this permit. I also grant the olication and for the life of the permi
ignature:Own	er Applicant		Date:
Date Submitted: Commission Action:	Approved Denied Disapproval:	Date Received: Date of Action:	

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.