

TOWN OF BETHANY

Administrative Zoning Permit

Permit #: _____

Job Location: _____ Assessor's Map: _____ Lot number: _____

Applicant Name: _____ Email: _____

Applicant Address: _____

Home#: _____ Work#: _____ Cell#: _____

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

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 *Total Cost (sheds only):* _____

Building Coverage (%): _____ Ground Coverage (%): _____

Zoning District: R-65 R-130 B & I Area of Disturbance: _____ Acres

Setbacks: Front: _____ Rear: _____ Right Side: _____ Left Side: _____

Are there any easements, restrictive covenants, conservation easements or conservation restrictions related to this property? Yes/No (circle one). If yes, please provide copies. Number of copies _____

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 permission for the zoning enforcement officer to conduct inspections during the pendency of the application and for the life of the permit.

Signature: _____ Date: _____
Owner Applicant

Remarks: _____

In accordance with Public Act 03-144, the applicant may provide notice of the zoning certification associated with a building permit or certificate of occupancy by publication in a newspaper having substantial circulation in this municipality stating that the certification has been issued. Any such notice shall contain (A) a description of the building, use or structure, (B) the location of the building, use or structure, (C) the identity of the applicant, and (D) a statement that an aggrieved person may appeal to the zoning board of appeals in accordance with the provisions of section 8-7, as amended by this act.

APPROVED / DENIED By: _____ 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 USE ONLY

<u>What's Required?</u>	<u>No</u>	<u>Yes</u>	<u>Rec'd</u>
Owner Authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Road Waiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspection Process form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bethany Zoning Regulations Section 11 Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 sets of Site Plans - dated: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 set of Building Plans - dated: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flood Hazard Zone	<input type="checkbox"/>	<input type="checkbox"/>	
Zoning Certificate of Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wetlands Permit			

Reviewed by: _____

Date Submitted: _____

Zoning Permit #: _____

Date Issued: _____