

**Zoning Permit Fee: \$75.00**

**ZONING PERMIT APPLICATION**

**TOWN OF CORNWALL, CONNECTICUT**

Cornwall Land-Use | Annex Office | 26 Pine Street Cornwall, CT 06753

860-672-4957 | [landuse@cornwallct.gov](mailto:landuse@cornwallct.gov)

**I. OWNER/APPLICANT INFORMATION**

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

Address of the proposed project: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**II. PROPOSED ACTIVITY/PROPOSED USE**

Description of proposed project: \_\_\_\_\_

\_\_\_\_\_

Check where applicable:

New Driveway Required ☐

This project involves a Change of Use ☐

*Inland Wetlands approval or a Special Permit may be required as a pre-cursor to the issuance of a Zoning Permit*

**III. LOT LOCATION & DESCRIPTION:**

Zone (check one):     R-1\_\_\_\_     R-3\_\_\_\_     R-5\_\_\_\_     GB\_\_\_\_

Is this property located in an overlay zone? If yes, circle applicable zone.     AP     FH     HR

**IV. PLOT PLAN/SITE PLAN:**

*Please attach a site plan/plot plan that indicates the dimensions of the property improvements being proposed as well as its location in relation to the property lines (in feet). The ZEO reserves the right to request a property survey (A-2 quality prepared by a CT Licensed Surveyor) to determine compliance.*

**V. PROPERTY OWNER SIGNATURE:** (or attach authorization letter from property owner) &

Date Submitted:

\_\_\_\_\_

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*For office/staff use only:*

APPLICATION CHECK LIST:

- Application
- Fee
- Site Plan
- Supplemental materials— *eg copy ofTAHD approval*

DATE OF APPROVAL:

DATE OF PERMIT EXPIRATION:

PERMIT NOTES:

DATE OF INSPECTIONS/FOLLOW-UP:

DATE OF ISSUANCE OF CERTIFICATION OF ZONING COMPLIANCE: