

TOWN OF NORFOLK  
19 Maple Avenue, P.O. Box 552  
Norfolk, CT 06058-0552  
Phone: 860-542-6804 Fax: 860-542-5876  
email: mhalloranzeo@yahoo.com

Permit # _____
Fee Paid: \$ _____
State of CT Fee: \$ _____
Check #: _____
Date Paid: _____

**APPLICATION FOR SITE PLAN APPROVAL**

Location: \_\_\_\_\_

Map: \_\_\_\_\_ Lot: \_\_\_\_\_ Zone: \_\_\_\_\_ Acreage of Lot: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ email: \_\_\_\_\_

Applicant/Agent: \_\_\_\_\_ Phone# \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ email: \_\_\_\_\_

This application must be accompanied by detailed plans that comply with the requirements in the Appendix of the Norfolk Zoning Regulations, signed and sealed by an appropriate professional, for review by the Commission and its agent and/or designees.

Property Information: Town Water \_\_\_\_\_ Well \_\_\_\_\_ Sewer \_\_\_\_\_ Septic System \_\_\_\_\_

Description of proposed general business use:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plan Reviewed by Inland Wetlands? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach copy of approved Wetlands Permit.

- The Village Business zone is designated as a “village district” as authorized by CSG 8-2j, as may be amended, and any new construction or remodeling of the exterior of a building shall, in addition to other provisions of these Regulations, be reviewed in accordance with the provisions of Section 8.09N of Norfolk’s Zoning Regulations and are subject to Special Permit approval.
- Site plan approval does not relieve the applicant of the responsibility of securing, without limitation, all necessary building, health and fire permits prior to the commencement of construction or occupancy.

I do hereby declare under penalty of law that the above information is complete and accurate to the best of my knowledge.

Owner’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(required)

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if different)

Letter of authorization from the owner to a designated agent is required.

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**OFFICIAL USE ONLY**

Acreage of lot: \_\_\_\_\_ = \_\_\_\_\_ sq. ft.

Total square footage of all structures: \_\_\_\_\_ = % lot coverage \_\_\_\_\_

Approved: \_\_\_\_\_ As permitted by Zoning Regulation \_\_\_\_\_

Denied: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

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

Copy sent to Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Copy to Building Official: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_