

**TOWN OF NORFOLK**  
**19 Maple Avenue, P.O. Box 552**  
**Norfolk, CT 06058-0552**  
Phone: 860-542-6804 Fax: 860-542-5876  
email: mhalloran@norfolkct.org

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

**ZONING PERMIT**

Date: \_\_\_\_\_

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

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

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

Owner's Mailing Address: \_\_\_\_\_

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

Applicant/Contractor: \_\_\_\_\_ Phone# \_\_\_\_\_

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

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

Reason for Permit: New Construction \_\_\_\_\_ Addition \_\_\_\_\_ Outbuilding \_\_\_\_\_

Change of Use: \_\_\_\_\_ Sign: \_\_\_\_\_ Swimming Pool: \_\_\_\_\_ Other \_\_\_\_\_

Dimensions of new construction: \_\_\_\_\_ Height: \_\_\_\_\_

**This permit requires a site plan (based on an A-2 survey unless waived) for all new construction, including all set backs from property lines. Site plan must include dimensions of all structures, existing and proposed.**

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

Description of proposed construction: \_\_\_\_\_

\_\_\_\_\_

If a claim of pre-existing non-conforming use is being made, you must include written documentation of same from 1960 to present.

Site Plan Submitted: Yes \_\_\_\_\_ No \_\_\_\_\_

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

Please attach copy of Wetlands Permit (if applicable).

- The issuance of this permit is for zoning purposes only and 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.
- Permit shall expire twelve (12) months from the date of issuance unless a valid building permit is in effect or the Commission renews the zoning permit for one additional period not to exceed twelve (12) months.

I do hereby declare under penalty of law that the above information is complete and accurate to the best of my knowledge and that no other work involving Norfolk Zoning Regulations is to be performed under this permit.

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

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

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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: \_\_\_\_\_