

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: _____

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.

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: _____