

TOWN OF NORFOLK
19 Maple Avenue, P.O. Box 552
Norfolk, CT 06058-0552
Phone: 860-542-6804
email: zeo@norfolkct.org
Stacey Sefcik ZEO

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)

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: _____

