TOWN OF GRISWOLD

APPLICATION FOR FOOD VENDING OPERATIONS & CONCESSION & PATIO ZONING PERMIT

SZP _____

Special Zoning Permit Fees

$25 for a weekend up to a maximum of 3 day **$75 for a season up to a maximum of 6 week,**
$250 for an Annual Fee.
Please provide a site plan showing the location of the vendor cart per Section 6.2.5 of the Griswold Zoning Regulations including parking areas, portable toilet location

Town Planner:	**Telephone No. (860) 376-7060 Extension 111**	**Fax No. (860)376-3789**
Zoning Enforcement Officer:	**Telephone No. (860) 376-7060 Extension 110**	**Fax No. (860)376-3789**

1. Name of Applicant: _____

2. Mailing Address of Applicant: _____ _____ _____ _____
   No. Street name Town/City State Zip

3. Name of Property Owner (If different from Applicant): _____

4. Mailing Address of Property Owner: _____ _____ _____ _____
   No. Street name Town/City State Zip

5. Telephone No.: _____ _____ _____
   Applicant Property Owner Engineer / Surveyor

6. Location of Property: _____

7. _____ _____ _____ _____ _____
   Map(s) Block(s) Lot(s) Volume(s) Page(s)

8. Property is Zoned: _____

9.. Description of Proposed Use: _____

_____

_____

Under penalty of revocation of this permit by the issuing authority, I declare that I have examined this application and the documents submitted in support thereof and to the best of my knowledge and belief, they are true, correct and complete.

10. Signature of Applicant: _____ Date : _____

11. Signature of Property Owner: _____ Date : _____

Note to the Applicant: A Zoning Permit is issued on the basis that this application certifies conformance with the Town of Griswold and Borough of Jewett City Zoning Regulations. Other permits may be required such as fire protection, building code and health code and any permits required by Borough of Jewett City. Obtaining any additional permits is the responsibility of the applicant. Copies of any additional permits shall be submitted with this application.

A LETTER OF AUTHOIRZATION IS REQUIRED FROM THE PROPERTY OWNER IF THE APPLICANT IS NOT THE PROPERTY OWNER

Date of Submission: _____ Fee Paid: _____ Date Paid: _____

Conditions of Approval If any: _____

_____

Fire Marshal Inspection Inspection Date : _____

Approval Signature: _____ Date : _____

Zoning Enforcement Officer

Approval Signature: _____ Date : _____