

TOWN OF WOLCOTT ZONING PERMIT APPLICATION – RESIDENTIAL CONSTRUCTION

Zoning Permit# _____ Fee Paid \$ _____

Applicant _____ Date _____

Address _____ Phone _____

Owner, if Different _____

Address _____ Phone _____

Signature of Applicant _____ Date _____

Signature of Owner, if Different _____ Date _____

TAX COLLECTOR STATEMENT THAT TAXES ARE PAID ATTACHED: YES _____ NO _____

OFFICE USE

SANITATION APPROVAL – Call for Appointment (203) 272-2761

Chesprocott Health District: BY _____ Date _____

Sewer and Water: BY _____ Date _____

FIRE MARSHAL APPROVAL: (For General Commercial and Industrial Zone Use)

By: _____ Date _____

Comments, if any _____

INLAND WETLANDS APPROVAL

Are there wetlands on this property? YES _____ NO _____ DON'T KNOW _____

- Action: _____ No Wetlands Involved; No Permit Required
- _____ No Impact to Wetlands; No Permit Required
- _____ Permit Required; Chairman's Approval Authorized
- _____ Permit Required; Full Commission Approval Required

Approved by _____ Date _____

Denied by _____ Date _____

DECISION OF ZONING ENFORCEMENT OFFICER

Approved _____ Date _____

Denied _____ Date _____

Comments: _____

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ATTACHED _____ Plot Plan
 _____ A2- Survey
 _____ Zoning Location Survey
 _____ Hand Drawn Sketch (to Scale) Existing Map

LOT DIMENSIONS FRONT LINE _____ REAR LINE _____ LEFT SIDE _____
 RIGHT SIDE _____ LOT AREA (SQUARE FOOTAGE) _____ **

Description of Proposed Construction and Use (Include dimensions, Height) Be Specific: _____

Setbacks from Property Lines (ft.) Front _____ Rear _____ Right Side _____ Left Side _____

Coverage of Lot (sq Ft)

	Dimensions	Square Footage		Total Sq. Footage
		(First Floor)	(Second Floor)	(All Floors)
Existing: House	_____	_____	_____	_____
Garage	_____	_____	_____	_____
Shed	_____	_____	_____	_____
Other outbuildings	_____	_____	_____	_____
Covered porch/deck	_____	_____	_____	_____
Other Specify	_____	_____	_____	_____
Other Specify	_____	_____	_____	_____
Proposed: Specify	_____	_____	_____	_____
Specify	_____	_____	_____	_____
TOTAL SQUARE FOOTAGE	_____	***	_____	_____
LOT AREA (FIGURE FROM **ABOVE)	_____	**	_____	_____
LOT COVERAGE PERCENTAGE	_____	%	_____	_____ %

(TOTAL SQUARE FOOTAGE*DIVIDED BY LOT AREA**)**

Additional Notes: _____
