

**POMFRET ZONING ENFORCEMENT OFFICER
PLANNING & ZONING COMMISSION**

Application for Zoning Permit
(For building and/or uses listed in Section 4 and 4.2)

No. _____

Date: _____

To be completed by Applicant

Application is hereby made for a Zoning Permit for the use described herein and shown in the accompanying plans.

Applicant: _____ Address: _____

Phone Number: _____

Property Owner/Trustee: _____ Address: _____

Phone Number: _____

Engineer/Surveyor/Architect/Builder: _____ Address: _____

Phone Number: _____

Location of Property: _____ Land Records Book: Volume _____ Page _____

Land Records Map: Map _____ Block _____ Lot _____

Lot Size in Sq. Ft. _____ Total Building Floor Area in Sq. Ft. _____

Existing Use of Land or Building _____ Zone _____

Proposed Use of Land or Building _____

(Applicants for permitted single-family/two-family dwellings and accessory buildings or expansions or additions of such buildings on residential lots shall complete **the plot plan on the reverse side of this form**. All other are required to submit a site plan per Section 5. The ZEO reserves the right to require additional information necessary to evaluate the application for a Zoning Permit)

Signature of Applicant/Agent: _____ Date: _____

Signature of Owner/Trustee: _____ Date: _____

(If different than Applicant)

- Notes:
1. To be accepted by the Planning Department, the entire application must be filled completed, signed and submitted with the required fee(s) and map(s) prepared in accordance with the applicable regulations.
 2. The submittal of this application constitutes the property owner's permission of the Commission or its staff to enter the property for the purpose of inspection.
 3. A permit issued on the basis of this application certifies conformance with the Pomfret Zoning Regulations. Other permits may be required, such as those concerning driveways, wetlands, water and sewer facilities, fire protection, building code and health code. Obtaining the additional permits is the responsibility of the applicant.

To be filled in by the Zoning Enforcement Officer/Planning & Zoning Commission

Approved _____ Disapproved _____ Date _____ Fee Paid \$ _____

Reason for Disapproval: _____

Signature: _____ Zoning Enforcement Officer/Planning & Zoning Chairman

B100A / Change in Use Application

NORTHEAST DISTRICT DEPARTMENT OF HEALTH
136 MAIN STREET, SUITE 301, DANIELSON, CT 06239
(860) 774-7350
FAX (860) 774 - 1308
www.nddh.org

OFFICE HOURS: MONDAY THROUGH FRIDAY - 7:00 A.M. - 4:00 P.M.

Directions:

- ✓ **Please have available your feed or previous owner's name(s)**
- ✓ **Map, Block and Lot numbers from the assessor's office.**
- ✓ **Plot plan to scale showing location of house, well, septic system, and closest property lines.**
- ✓ **Written description of proposed addition, accessory structure, or change in use.**
- ✓ **Must conform with Town Zoning Regulations. Please check with your Town Officials.**

TOWN: _____ STREET: _____ Water Supply: Well or Public
(please circle)

ASSESSOR'S MAP # _____ BLOCK # _____ LOT # _____ DEV. LOT # _____
LOT SIZE : _____

EXISTING NUMBER OF ROOMS IN HOME: _____ PROPOSED NUMBER OF ROOMS: _____

LEGAL OWNER: _____

MAILING ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

WORK TELEPHONE NUMBER: _____ HOME TELEPHONE NUMBER: _____

BEST TIME TO CALL BETWEEN 8:00 A.M. AND 4:30 P.M.: _____
Please circle which telephone number to call

APPOINTED AGENT FOR OWNER: _____

MAILING ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

=====

NDDH USE ONLY

=====

FILE # _____ B-100a/CHANGE IN USE FEE: _____

RECEIPT#: _____ CHECK# _____

DATE PAID: _____