



# Office of Building Compliance Town of Beacon Falls, Connecticut Application for Zoning Permit



PERMIT #: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Location Street Address

\_\_\_\_\_  
Lot #

\_\_\_\_\_  
Owner's Name (As it appears in Land Records)

\_\_\_\_\_  
Owner's Street Address

\_\_\_\_\_  
Town/City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Work Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
Mobile Phone #

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Applicant's Street Address

\_\_\_\_\_  
Town/City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Work Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
Mobile Phone #

\_\_\_\_\_  
Owner/Contractor/General Contractor

\_\_\_\_\_  
CT Registration #

|   |            |               |                               |     |    |
|---|------------|---------------|-------------------------------|-----|----|
| <b>Project Type:</b>                          | Relocation | Change of Use | Demolition                    |     |    |
| Is structure within the 100-year flood plain? | Yes        | No            | Work within Town right-of-way | Yes | No |

**Remarks:** \_\_\_\_\_

**Purpose of Permit Type:** \_\_\_\_\_

New Construction: \_\_\_\_\_  
                           Commercial      Residential

Pool: \_\_\_\_\_  
                           Above-Ground    In-Ground

Sign: \_\_\_\_\_  
                           Temporary      Permanent

Excavation: \_\_\_\_\_

Decks: \_\_\_\_\_

Demo: \_\_\_\_\_

Change of Use: \_\_\_\_\_

Addition: \_\_\_\_\_  
                           Commercial      Residential

Garage: \_\_\_\_\_  
                           Detached          Portable

Cert. of Occupancy: \_\_\_\_\_

Erosion Control Plan: \_\_\_\_\_

Adult Living/In-Law: \_\_\_\_\_

Sheds: \_\_\_\_\_

Generators: \_\_\_\_\_

Special Permit: \_\_\_\_\_

Other: \_\_\_\_\_

**TOTAL** \_\_\_\_\_

**Remarks:** \_\_\_\_\_

Submitted Plan: \_\_\_\_\_

**A-2 Survey:**      Required                      Not Required                      Plot Plan Required

**Construction Type:**      Residential                      Commercial                      Industrial

**Zone Designation:**      \_\_\_\_\_                      **Permitted Use:**      \_\_\_\_\_

**Mixed Use:**                      Yes                      No                      Separated                      Non-separated

**Total Sq. Ft. of Building:** \_\_\_\_\_ **Distorted Area:** \_\_\_\_\_

**Approvals:**  
                    Zoning                      Zoning Appeal Board                      Wetlands                      Health Dept.

**Engineer's Information:** (Attach as applicable) License # \_\_\_\_\_

**Surveyor Information:** (Attach as applicable) Registration # \_\_\_\_\_

**Documents Submitted/Attached:**

Zoning              Building Plans              Site Plans              Building Sections              Building Elevations              Health Dept.  
Reports              Calculations              Details              Photographs              Threshold Review              Insurance Cert.  
Correspondence              Authorization of Applicant Other than Owner              Manufacturer's Literature  
Statement of Special Inspections              Other (describe) \_\_\_\_\_

**Certification:**

I hereby certify that:              I am the owner of record of the named property or              that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent and we agree to conform to all applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief. I further grant authorization to a representative of the Town of Beacon Falls to enter the property on this application to conduct the required inspections per CT State Building code and that there are no environmental issues or hazards in the proposed work.

\_\_\_\_\_  
Signature of Owner/Authorized Agent

**For Zoning Official's Use Only**

**Completed Application Received Date:** \_\_\_\_\_ **Permit #:** \_\_\_\_\_  
**Other Fees (State of CT):** \_\_\_\_\_ **Permit Use:** \_\_\_\_\_  
**Plan Review Fee** \_\_\_\_\_ **Permit Fee:** \_\_\_\_\_  
**Certificate of Occupancy Fee:** \_\_\_\_\_ **Review Date:** \_\_\_\_\_  
**Total Fee:**      Cash      Check      \_\_\_\_\_  
**Check #:** \_\_\_\_\_

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Signature of Zoning Official