

# TOWN OF EAST HADDAM

## ZONING AND BUILDING APPLICATION

Zoning: 860-873-5031 • Building: 860-873-5024

★Your application to the building department will not be reviewed until all other requirements have been completed

Permit # \_\_\_\_\_ Location \_\_\_\_\_

Map # \_\_\_\_\_ Lot # \_\_\_\_\_ No. \_\_\_\_\_ Street \_\_\_\_\_ Lot Size \_\_\_\_\_ Zone \_\_\_\_\_

Applicant \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 No. \_\_\_\_\_ Street \_\_\_\_\_ PO Box \_\_\_\_\_

\_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Phone number \_\_\_\_\_ Contractors Registration No. \_\_\_\_\_

E Mail Address: \_\_\_\_\_

  
  
  
  
  
  
  
  
  
  

Date of filing with building department \_\_\_\_\_

Owner's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 No. \_\_\_\_\_ Street \_\_\_\_\_ PO Box \_\_\_\_\_

\_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Phone number \_\_\_\_\_

CONSTRUCTION: New \_\_\_\_\_ Alteration \_\_\_\_\_ Addition \_\_\_\_\_ Repair \_\_\_\_\_ Estimated Cost \_\_\_\_\_

BRIEF DESCRIPTION OF PROPOSED WORK \_\_\_\_\_

PROPOSED NEW WORK:	Total Sq. Ft. of New Work	No. of Stories	Building Height	Use Group	Construction Type

**SEPARATE PERMITS ARE REQUIRED FOR ELECTRICAL, HEATING, PLUMBING, WELL, WELL PUMP AND SEPTIC SYSTEMS**

**REQUIRED APPROVALS**

Tax Collector \_\_\_\_\_

Health District \_\_\_\_\_

Comments \_\_\_\_\_

Fire Marshal \_\_\_\_\_

Comments \_\_\_\_\_

Variance \_\_\_\_\_

Wetlands \_\_\_\_\_

Driveway Permit \_\_\_\_\_

Historic Comm. \_\_\_\_\_

Is any work being done in an **Historic District**? YES \_\_\_\_\_ NO \_\_\_\_\_

Is any work being done within **100 feet** of a lake, pond, river, perennial stream and/or soil types designated as poorly drained, very poorly drained, alluvial and flood plain? YES \_\_\_\_\_ NO \_\_\_\_\_

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 applicable laws, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

<p><b>Workers Comp. Insurance</b> _____</p> <p><b>Affidavit</b> _____</p>	<p>OWNER _____ DATE _____</p> <p>AGENT _____ DATE _____</p>
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**OFFICE USE ONLY**

\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED Permit Fee Pd \_\_\_\_\_ Ck# \_\_\_\_\_

Zoning Official \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED Permit Fee Pd \_\_\_\_\_ Ck# \_\_\_\_\_

Building Official \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_