TOWN OF CROMWELL REQUEST FOR ZONING APPROVAL

*Areas required for review

*Date of Application//			
*Address of proposed activity			
*Applicant Name			
*Applicant Address			
*Applicant Address*Phone Number: Day	Evening	Cell	
*Email:			
*Owner Name			
* TYPE OF WORK			
Addition Accessory Building	g (shed, gazebo) Ga	rage Above Gro	ound Fuel/Gas Tank
Sign (indicate: dimension type &PoolHot TubCarport	FillingOther spec	eify:	
New Construction - Foundation	on As-Built must be ap	proved before build	ding construction commences
Erosion and Sediment Bond Required			Amount <u>\$</u>
Zoning DistrictAssessor M			
ZBA ApprovedYes			
*Are there Wetlands/Vernal Pools or		roperty <u>or</u> within 100) feet of the
requested activity?Yes Is an Inland Wetland Permit Required		Pormit#	
*Description of proposed activity			
Description of proposed activity			
*Dimensions: HeightWid	thLength		N/A
*Living Floor Area: First Floor			
Special Permit RequiredYes _			
Are the approved mylars signed and	filed in the Town Clerk's	s Office:Yes	N/A
Map file numbersto			
*Indicate if the proposed work will h			at the site, if Yes, how?
No Yes How?			
Any possible impact may require add			
This request, if approved, is based up			• 1
or omission, or failure to comply with		oval shall constitute	a violation of the Town of
Cromwell Zoning or Wetlands Regul			
*Signature: *Check On	e:Owner	Applicant	 A gent
Check on	cowner		150H
\square A FINAL ZONING INSPECTI	ON IS REQUIRED- P	lease call 860-632-3	422 upon completion.
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Approved by:		Date:	
		2	<del></del>
Rejected by:		Date:	
Condition(s) of approval:			