

BUILDER'S PACKAGE

• APPLICATIONS ONLY

TOWN OF CROMWELL
TAX COLLECTOR'S OFFICE
41 WEST STREET
CROMWELL, CT 06416
PHONE (860) 632-3445
FAX (860) 632-3494



SHARON A. RAMSAY, CCMC
TAX COLLECTOR
KIMBERLY LARSON, CCMC
ASST. TAX COLLECTOR
PATRICIA KRATOCHVIL, CCMC
ASST. TAX COLLECTOR

Tax Approval Form
(In accordance with Public Act 95-320)

- | | |
|--|--|
| <input type="checkbox"/> BUILDING PERMIT | <input type="checkbox"/> CERTIFICATE OF OCCUPANCY |
| <input type="checkbox"/> RESIDENTIAL (SEC. 1) | <input type="checkbox"/> COMMERCIAL (SECS. 1 & 2) |

REAL ESTATE TAXES

PROPERTY LOCATION: _____

SECTION 1

☐ PAID IN FULL THRU

☐ BALANCE DUE: _____

PERSONAL PROPERTY TAXES

BUSINESS NAME: _____

SECTION 2

☐ PAID IN FULL THRU

☐ BALANCE DUE: _____

TAX OFFICE APPROVED:

☐ YES ☐ NO

DATE: _____

Sharon Ramsay, Tax Collector

Selectman's Office 632-3410 / Finance 632-3414 / Public Works 632-3420 / Town Planner 632-3422 / Building Department 632-3428
Sewer Department 632-3430 / Town Clerk 632-3440 / Assessor 632-3442 / Tax Collector 632-3445 / Zoning Officer 632-3422
Health Department 632-3426 / Registrars 632-3418 / Youth 632-3448 / Elderly 632-3447 / Human Services 632-3449
Engineering 632-3420 / Library 632-3460 / Recreation 632-3467 / Emergency Management 632-3422
Human Resources Director 632-3497 / Risk Manager 632-3497

**TOWN OF CROMWELL
GENERAL INFORMATION FORM
(Please Print)**

1. Address of proposed project: _____
2. Lot No.: _____
3. General Developer: _____
Address: _____
Tel. No.: _____ Fax No.: _____ Cell No.: _____
4. General Contractor: _____
Address: _____
Tel. No.: _____ Fax No.: _____ Cell No.: _____
5. Homeowner: _____
Address: _____
Tel. No.: _____ Fax No.: _____ Cell No.: _____
6. Land Surveyor: _____
Address: _____
Tel. No.: _____ Fax No.: _____ Cell No.: _____
7. Engineer: _____
Address: _____
Tel. No.: _____ Fax No.: _____ Cell No.: _____
8. Description of Proposed Project:

☐ New House
☐ Commercial/Industrial

Description: _____

REQUEST FOR ZONING APPROVAL

Date of Application _____
Applicant Name _____
Applicant Address _____
Owner Name _____
Address of proposed activity _____
Phone Number: Day _____ Evening _____ Cell _____

_____ Addition _____ Accessory Building _____ Filling _____ Garage
_____ New Construction _____ Sign _____ Swimming Pool _____ Other

Erosion and Sediment Bond Required _____ Yes _____ N/A E & S Bond # _____
Zoning District _____ Assessor Map# _____ Block# _____ Lot# _____
ZBA Approved _____ Yes _____ N/A Volume _____ Page _____
Is there Wetlands/Vernal Pool or Watercourse on this Property or within 100 feet of the
requested
Activity. _____ Yes _____ No
Is a Inland Wetland Permit Required. _____ Yes _____ No Permit# _____
Description of proposed activity: _____

Dimensions: Height _____ Width _____ Length _____
Living Floor Area: First Floor _____ Second Floor _____ Garage _____
Special Permit Required: _____ Yes _____ No Record Volume: _____ Page: _____
Plot Plan Attached _____
Are the approved mylars signed and filed in the Town Clerk's office: _____ Yes _____ N/A

This request, if approved is based upon information and plot plan submitted.
Falsification by misrepresentation or omission, or failure to comply with the conditions
of approval shall constitute a violation of the Town of Cromwell Zoning or Wetlands
Regulations.

Signature: _____

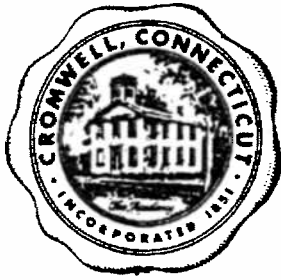
Check One: _____ Owner _____ Applicant _____ Agent

Condition of approval: _____

**FOUNDATION'S FOR NEW BUILDINGS REQUIRE SUBMISSION AND
APPROVAL OF A FOUNDATION AS BUILT PRIOR TO FURTHER
CONSTRUCTION.**

Approved by: _____ Date: _____

Rejected by: _____ Date: _____



TOWN OF CROMWELL
PLANNING & ZONING
41 WEST STREET, CROMWELL, CT 06416

ESC Bond # _____

**EROSION AND SEDIMENT CONTROL
AND
SITE DEVELOPMENT COMPLIANCE BOND**

ADDRESS OF SITE WORK: _____

PERSON RESPONSIBLE: _____

ADDRESS: _____

CITY/TOWN: _____

TELEPHONE#: DAY # _____ EVENING # _____

I hereby have read and understand the Erosion and Sediment Control and Site Development Plan Compliance Regulation.

Upon written request, a site inspection will be done to determine if the site is totally stabilized for bond return.

SIGNED: _____ DATE: _____

RECEIPT OF _____ DOLLARS

BY: _____ DATE _____

BUILDING PERMIT APPLICATION - TOWN OF CROMWELL

5/1/14

41 West Street, Cromwell, CT 06416 - Tel. (860) 632-3428

(Please Print or Type all Entries) Fax – (860) 632-3477

DATE: _____

Estimated Cost of Construction.....\$ _____
(Including Value of Labor & Material)
Building Fee.....\$ _____
Plan Review Fee.....\$ _____
C.O. Fee.....\$ _____
State Education Fund Fee.....\$ _____
TOTAL.....\$ _____

Job Site Address: _____**Owner's Name:** _____**Address:** _____**City:** _____ **State:** _____ **Zip** _____**Hm. phone:** _____ **Wk. phone:** _____**TAXES** ☐☐ **2011 NEC**☐ **09 IRC****FEE INCLUDES MECHANICALS:** Y N**APPLICANT PLEASE NOTE: Call 24 hours in advance for inspections and for final inspection before use.****Name:** _____ **Business Phone:** _____**Address:** _____ **Cell Phone:** _____**City:** _____ **State:** _____ **Zip:** _____ **Home Phone:** _____**Business Name:** _____ **Fax Number:** _____**PURPOSE OF PERMIT:** _____

THIS LOT IS _____ **CITY SEWER**
SERVICED BY: _____ **or**
_____ **SEPTIC SYSTEM**

_____ **CITY WATER**
_____ **or**
_____ **WELL WATER**

NUMBER OF:**Bedrooms:** _____**Bathrooms:** _____**LICENSE NUMBERS:****Elec. Contractor License** _____ **Home Improvement Reg. No.** _____**Plumbing Contractor License** _____ **New Home Const. Cont. No.** _____**H.V.A.C. Contractor License** _____

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. We further understand that it is our responsibility to request all required inspections, to ascertain the results of all required inspections and to call for a final inspection prior to use. All information contained within is true and accurate to the best of my knowledge and belief.

Signature: _____ **Building Official:** _____**Print Name:** _____ **Date Approved:** _____

LICENSED CONTRACTORS**ELECTRICIAN:**

- Business Name _____
- License Holder's Name _____
- License Number _____
- Expiration Date: _____

PLUMBER:

- Business Name _____
- License Holder's Name _____
- License Number _____
- Expiration Date: _____

HEATING AND COOLING:

- Business Name _____
- License Holder's Name _____
- License Number _____
- Expiration Date: _____

SPRINKLER SYSTEM:

- Business Name _____
- License Holder's Name _____
- License Number _____
- Expiration Date: _____

LAWN SPRINKLER:

- Business Name _____
- License Holder's Name _____
- License Number _____
- Expiration Date: _____

LOW VOLTAGE – SECURITY SYSTEMS, FIRE ALARM:

- Business Name _____
- License Holder's Name _____
- License Number _____
- Expiration Date: _____

I _____ (builder) certify that the above sub-contractors performed their work within their licenses at the following address:

1/27/10

SEWER APPROVAL/CONTACT FORM

DATE _____

SERVICE ADDRESS _____

PROPERTY OWNER'S NAME _____

(_____) _____
PROPERTY OWNER'S PHONE

CONTACT NAME (CONTRACTOR/AGENT) _____

(_____) _____
PHONE

WHAT TYPE OF PROJECT ARE YOU DOING?

___ New Construction (Single-Family, Multi-Family, Commercial, ect.)

___ Addition (Single-Family, Conversion to Multi-Family, Commercial etc.)

Other: (Please provide details) _____

CONTACT SEWER DEPARTMENT FOR APPROPRIATE FORMS, PERMITS, AND
INFORMATION RELEVANT TO YOUR PROJECT.

RETURN COMPLETED FORM(S) TO :

TOWN OF CROMWELL

SEWER DEPARTMENT @ 41 WEST STREET, CROMWELL, CT 06416

PHONE (860) 632-3430 FAX (860) 632-3477

APPROVED BY: _____ DATE: _____

REJECTED BY: _____ DATE: _____

COMMENTS: _____

HEALTH DEPARTMENT PLAN REVIEW

- FOR:
1. Addition up or out, 3 season rooms, decks
 2. Garages
 3. Sheds
 4. Pools
 5. New Food Establishments
 6. Commercial Food Establishment Retrofits
 7. Finishing off any unfinished rooms
 8. Plan Review – fee \$50.00
 9. Septic Plan Review – fee \$50.00
 10. Soil Testing – fee 50.00 per lot

DATE: _____

STREET: _____

PROPERTY OWNER: _____

TELEPHONE NUMBER: _____

Signature of Owner: _____
Signature of owner

Print name: _____
Print name

Signature of Agent: _____
Signature of Agent

Print name: _____
Print name of Agent

Telephone number of Agent: _____

DESCRIBE PROJECT: _____

Please submit any documents that will help in describing your project.

NOTE: The property owner is responsible for providing accurate and appropriate information.

This approval is for Health Department only.

Approve: _____ Date: _____

Rejected: _____ Date: _____

Comments: _____

NOTE: The property owner is responsible for providing accurate and appropriate information.

☐ Plan Review fee \$50.00

 Date

 Check #

☐ Plot Plan of Property

TOWN OF CROMWELL
Department of Public Works
General Excavation Permit Application

Permit # _____

1. Date of Application: _____
2. Application: ☐ Principal Building Site Plan Review ☐ Drainage/Utility Excavation Permit
☐ Driveway/Access Permit ☐ Underground Irrigation System Installation Permit (UIS)*
3. Applicant Name: _____ Telephone #: () _____
Address: _____ City/Town: _____ State: _____ Zip Code: _____
4. Contractor (s) Name: _____ Telephone #: () _____
Address: _____ City/Town: _____ State: _____ Zip Code: _____
*Plumbers Irrigation License #: _____
5. Location of Proposed Activity: Road: _____ Lot #: _____ Subdivision Name: _____
6. Desired Date of Starting Work: _____ Approximate Time Required to Complete Work: _____
7. "Call Before You Dig" Ticket #: _____ ("Call Before You Dig" Telephone # 1-800-922-4455)
8. Application Review:

	Principal Building			Driveway/	Drainage/	Underground
	General Site	Foundation	Grading As-Built	Access	Utility	Irrigation System
	Plan Review	As-Built	Plan Review	Permit	Excavation Permit	Installation Permit
Approve as submitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved w/conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Application reviewed by: _____ Date: _____

_____ Date: _____
_____ Date: _____

TOWN OF CROMWELL
DEPARTMENT OF PUBLIC WORKS
RELEASE OF DRIVEWAY CLAIM

In accordance with item numbered (4) four of the Town of Cromwell, Department of Public Works "Regulations Concerning Driveways", I, _____ the _____ (Developer/Homeowner/etc.), hereby relieve the Town of Cromwell from any responsibility for surface water entering the _____ property at _____, because of lot/driveway grading.

I am aware that my driveway access (apron) onto the Town Road does not meet the minimum required positive slope. Therefore, I am holding the Town of Cromwell harmless for storm water entering the property through my driveway cut.

In Witness Whereof, the Owner has set his hand and seal this _____ day of _____, 20____.

APPLICANT'S SIGNATURE: _____

PRINT NAME

DATE: _____

STATE OF CONNECTICUT }
COUNTY OF MIDDLESEX } ss.

On the _____ day of _____, 20____ came and appeared

to me known to be the individual(s) described in and who executed the foregoing instrument and who duly acknowledged to me that they executed the same.

NOTARY

TOWN OF CROMWELL
DEPARTMENT OF PUBLIC WORKS
PRIVATE DRAINAGE PERMISSION AND RELEASE OF CLAIM

In consideration of the Town of Cromwell, Connecticut, (hereinafter called "Town") granting to:_____

(hereinafter called "Owner") permission to connect a private drain to the storm drain system owned by the Town for the purpose of draining water from the property located at _____

in Cromwell, Connecticut, the said Owner hereby assumes all responsibility and liability for said private drain including, but not limited to, the construction, repair and maintenance of said private drain, all responsibility and liability for any damage caused by the existence, location and operation of said private storm drain to any person or property, and further agrees to indemnify and save the Town harmless from such claims, Said Owner further waives any claim against the Town for any damages caused to himself or any person or property as a result of the malfunctioning of the Town owned storm drain system to which the private drain is connected. The Owner also agrees to abide by all Federal, State and Local laws and regulations pertaining to the use of such private drains.

The Owner understands that an Excavation Permit must be taken out before any construction commences and that all provisions of the Town Excavation Ordinance must be met. Said Excavation Permit must be taken out within two weeks of said application to connect or else applicant will have to reapply. In the event that the Owner does not abide by said rules, regulations and ordinances of the Town of Cromwell, concerning work within the Town right-of-way, this connection will be severed by the Town and the Owner shall pay the cost of same. The Town shall notify the owner at least two weeks prior to any such severance unless such severance is deemed an emergency at which point immediate severance will be necessary.

OWNER

In Witness Whereof, the Owner has set his hand and seal this _____ day of _____, 20____

STATE OF CONNECTICUT }

ss:

COUNTY OF MIDDLESEX }

On the _____ day of _____, 20____, before me
personally came and appeared _____

to me known to be the individual(s) described in and who executed the foregoing instrument and who duly acknowledged to me that they executed the same.

NOTARY PUBLIC

9. Acknowledgements by applicant and/or Owner where appropriate:

- a. Applicant agrees to reimburse the Town of Cromwell for expenses and damages caused by the execution of the Work; and to perform the work in accordance with the plan submitted; and as specified by the Director of Public Works.
- b. The owner of the property for whom this work is being performed agrees to accept all future responsibility for the work as described herein.
- c. The applicant hereby agrees to construct a driveway and/or access onto the Town of Cromwell Public Right-of-Way; or to make an excavation, ditch, dig or otherwise alter, open or remove the surface of the above named street or highway under jurisdiction of the Town of Cromwell in accordance with the "Road Construction Specifications".
- d. The applicant and/or contractor has submitted the appropriate insurances, fees and bond amounts in accordance with all Town ordinances.
- e. The applicant and/or owner has submitted the "Release of Private Drainage Claim" and/or "Release of Driveway Claim" and/or "Release of UIS Claim"; as may be required and attached hereto.
- f. Applicant has submitted two (2) sets of the appropriate plot plan or sketch with all information requested and required for review.
- g. Appropriate Foundation As-Built Plan and Certificate of Occupancy Plan shall be submitted for Principal Building Site Plan Review Applications.

10. Insurance, Fees, Bonds

1. Excavation for Drainage/Utility Connections
 - a. Fees; Section 125-4, "Excavation Ordinance"
 - b. Insurance & Bonds; Section 125-5, "Excavation Ordinance".
 - c. Excavation Site within Public Right-of-Way: _____ S.F.
Estimated Excavation Fee: \$ _____ (per Excavation Ordinance)

2. Driveway/Access Permit

- a. Fee: \$25.00
- b. Construction Bond (Driveway Bond): \$500.00

11. Application Approvals:

- a. Permit Approved by: _____ Date: _____
(Director of Public Works or Authorized Agent)
- b. Final Approval for Release of Bonds: _____ Date: _____
(Director of Public Works or Authorized Agent)

12. Permit Issued to: Permit # _____

Name: _____ Address: _____
Town/City: _____ State: _____ Zip Code: _____

13. Additional information to Applicant:

- a. The Cromwell Police and Fire Department should be advised if the construction will involve a road closing, detour, or any restricted traffic flows.
- b. The Police Department will be the sole judge of the need for protection of the excavation by uniform officers. Payment for services of same will be made directly to the Town of Cromwell.

TOWN OF CROMWELL, DEPARTMENT OF PUBLIC WORKS
"EXCAVATION PERMIT" CHECKLIST.

Application: ☐ Principle Building Site Plan Review ☐ Driveway/Access Permit
 ☐ Drainage/Utility Permit ☐ Underground Irrigation System Permit

	<u>Presented</u>	<u>Approved</u>
<u>Driveway Information:</u>		
1. Street gutter elevation:	—	—
2. Driveway elevation (20' from gutter elevation):	—	—
3. Driveway elevation (at building):	—	—
4. Driveway slope:	—	—
5. Existing edge of road pavement/curb width:	—	—
6. Driveway opening width:	—	—
7. Construction material (first 20 feet)	—	—
8. Release of Driveway Claim:	—	—
<u>Drainage Information:</u>		
1. Existing Contours:	—	—
2. Proposed Contour:	—	—
3. Foundation, sub-drainage, roof leader, & downspouts & disposal method:	—	—
4. Street drainage system:	—	—
5. Release of Private Drainage Claim:	—	—
6. Property drainage connection:	—	—
7. Drainage swales shown with arrows:	—	—
<u>Utility Information:</u>		
1. Electric, Telephone, Cable service to building:	—	—
2. Gas service to building:	—	—
3. Water Service to building:	—	—
4. Sewer service to building, including cleanout:	—	—
5. Existing electric, telephone, cable, gas, water, sewer utilities in street:	—	—
6. Underground Irrigation System:	—	—
<u>Site Information:</u>		
1. Proposed sidewalks & H.C. ramps:	—	—
2. NAVD 1988 Datum Reference:	—	—
3. NAD 1983 Benchmark Reference:	—	—
4. Seal, Signature and A-2 Certification of Surveyor and/or Engineer:	—	—
5. Property Corners in place:	—	—
<u>Notes:</u>		
1. N/R = Not Required		
2. N/P = Not Presented		
3. N/A = Not Approved		

[OVER]

TOWN OF CROMWELL "EXCAVATION PERMIT" REVIEW COMMENTS & CONDITIONS
[INQUIRIES SHOULD BE DIRECTED TO THE ENGINEERING DEPARTMENT AT 632-3420]

Comments:

1. Mandatory Inspections include:
 - a. Final Driveway/Access Construction
 - b. Underground Irrigation System Construction Within Right of Way
 - c. Storm Drainage Connection to Public Facility
2. Notice must be given a minimum of two (2) business days, prior to required mandatory inspection.
3. No side yard drainage swales are to be extended through the front property line, unless a formal drainage structure is placed on the applicant's property and connected to the town's formal system.
- 4.

Conditions:

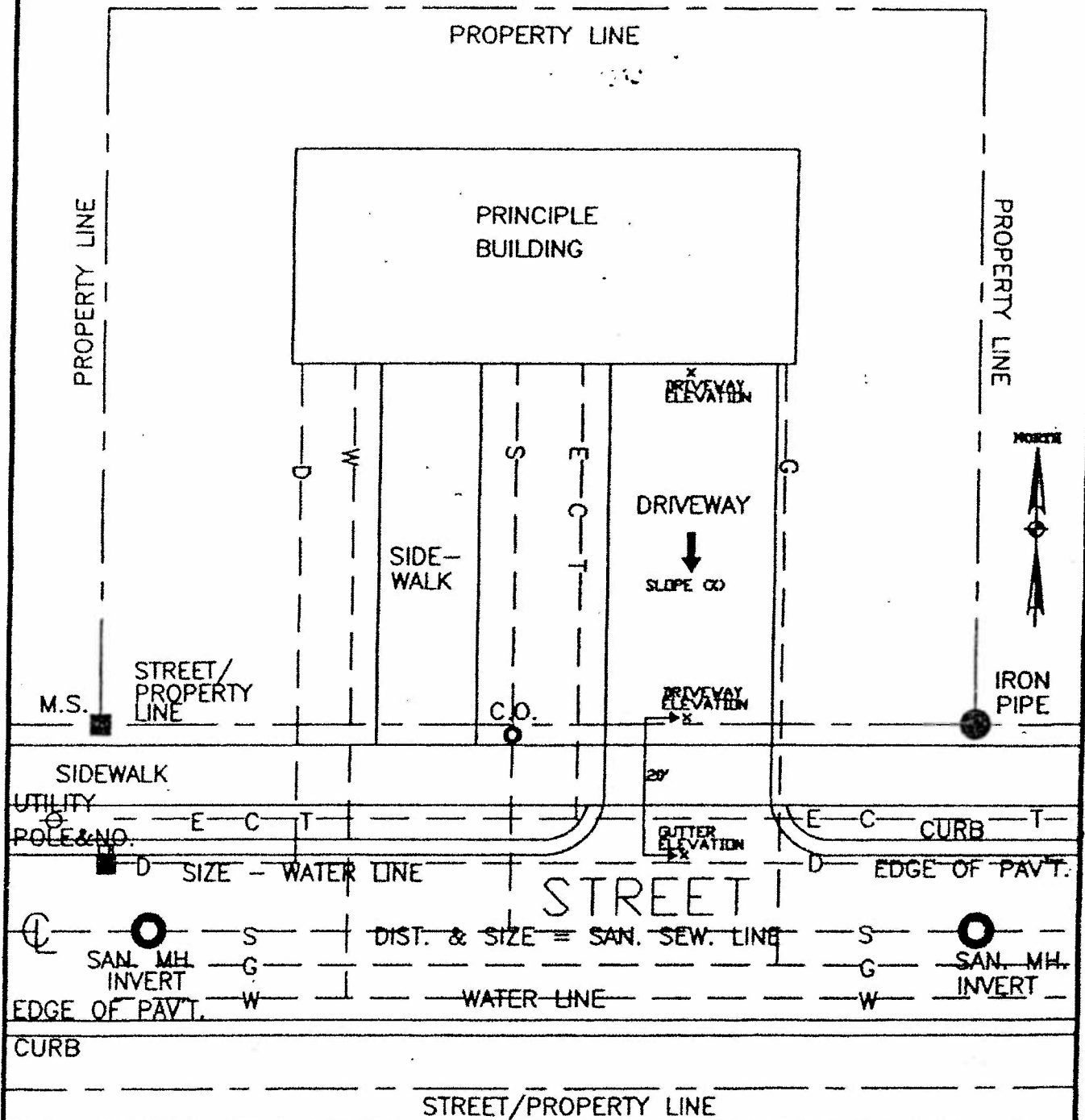
- 1.

[OVER]

NOTES:

1. EXIST. & PROP. CONTOURS TO BE SHOWN.
SHOW PROP. SWALES WITH ARROWS.
2. SHOW SUB-SURFACE DRAINAGE, ROOF DOWN
SPOUTS AND LEADERS AND METHOD OF DISPOSAL.
3. DRAWING SIZE: 18" X 24" OR 24" BY 36".
DRAWING SCALE: 1" = 20' OR 1" = 40'.

TOWN OF CROMWELL
SURVEY CONTROL POINT
REFERENCE POINT:
NORTHING (NAD 1983):
EASTING (NAD 1983):
ELEVATION (NAVD 1988):



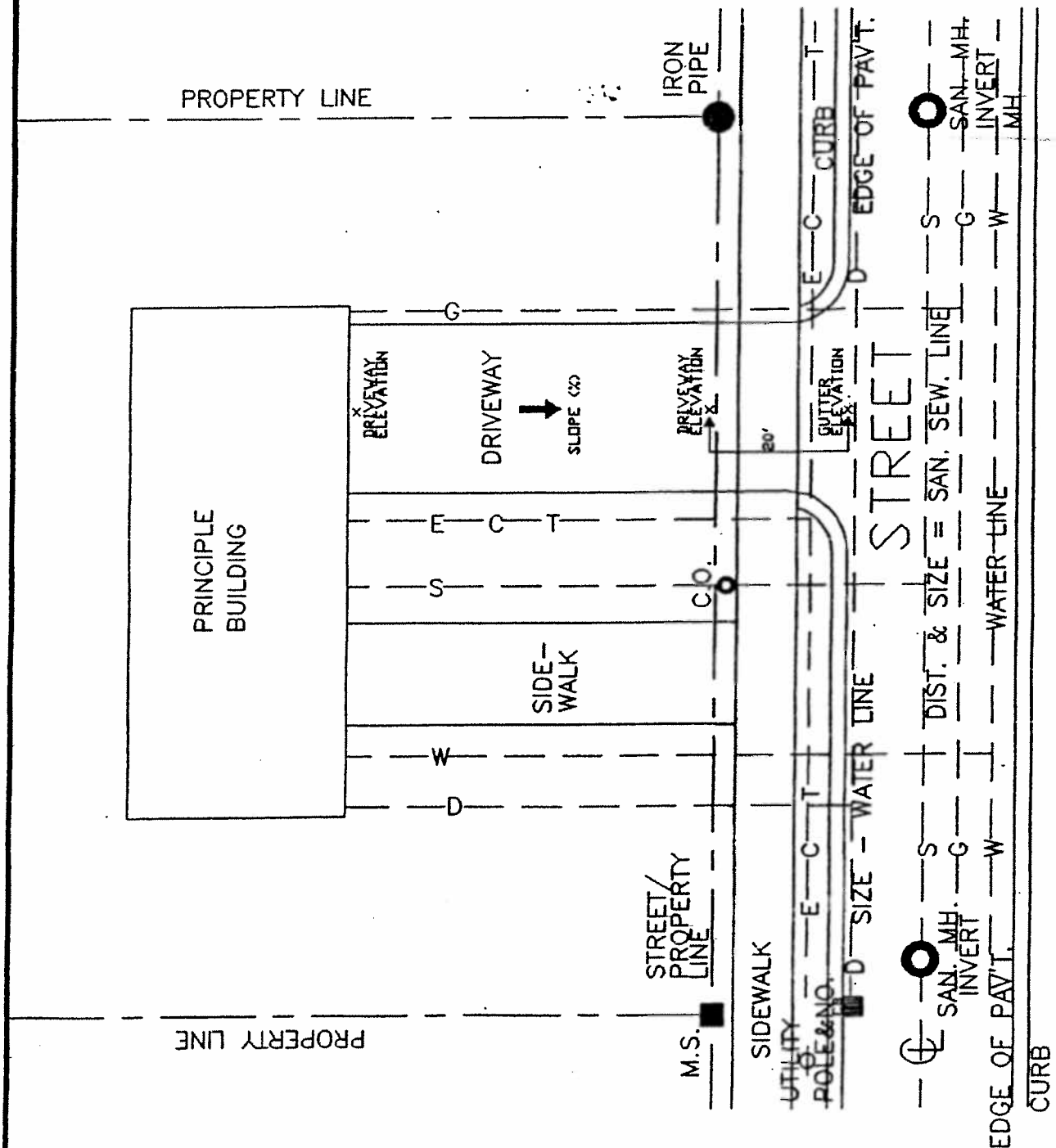
No.	Date	Description

TOWN OF CROMWELL
DEPARTMENT OF
PUBLIC WORKS

PRINCIPLE
BUILDING SITE
PLOT PLAN [OVER]

NOTES:

1. SHOW UNDERGROUND IRRIGATION SYSTEM (UIS), IF REQUIRED.
2. SHOW ONLY APPROPRIATE UTILITIES, AS REQUIRED.
SHOW PROP. SWALES WITH ARROWS, IF REQUIRED.
3. PROVIDE DRIVEWAY INFO, IF REQUIRED.



Scale:	MTS
Sheet:	CROMPLOT
Drawn By:	JSM
Checked By:	REN

TOWN OF CROMWELL
DEPARTMENT OF
PUBLIC WORKS

TYPICAL
DRIVEWAY/ACCESS
DRAINAGE/UTILITY/UIS
PERMIT SKETCH

STATEMENT REGARDING WORKERS' COMPENSATION INSURANCE/ AFFIDAVIT

Public Act 96-216 requires that any persons engaged in construction, remodeling, refinishing, refurbishing, rehabilitation, alteration or repair work within the state be covered by Workers' Compensation insurance, and produce proof of such coverage to the local building official prior to issuance of a building permit, unless they are specifically exempted under the law.

(Property Address)

I, the undersigned, am the:

- ☐ Owner in Fee of the above referenced Property, or;
☐ Building Permit applicant and owner/agent of a contracting business known as:

and located at:

- ☐ I am the property owner and will be performing all the construction work personally at the above cited property.
- ☐ I am the sole proprietor of the above business, and have no employees as defined under Section 31-275 of the Workers' Compensation Act, as amended.
- ☐ I am the Owner/Agent of the above business ☐ acting as the G.C. I will provide the Town Building Department with ☐ Workers' Compensation Certificate of Insurance, or ☐ a sworn notarized affidavit stating that I will require proof of Workers' Compensation Insurance for all those employed on the job site in accordance with the provisions of the Workers' Compensation Act.
- ☐ I am the sole proprietor or property owner and will be acting as the general contractor. I will provide the Town Building Department with ☐ Workers' Compensation Certificate of Insurance, or ☐ a sworn notarized affidavit stating that I will require proof of Workers' Compensation Insurance for all those employed on the job site in accordance with the provisions of the Workers' Compensation Act.

I understand and agree that failure to comply with the insurance requirements of state law will subject me to civil penalties thereunder. I further understand that falsification in any way of the facts or conditions I have represented herein constitutes a false statement for which penalties under the law apply.

(Legal Signature)

(Date)

(Print Name)

(Notary)

☐ Owner of Property or Business ☐ Corporate Officer

CROMWELL BUILDING DEPARTMENT
APPLICATION
CERTIFICATE OF OCCUPANCY

The following will have to be completed before a Certificate of Occupancy can be issued.

I _____ hereby apply for a Certificate of Occupancy for

(please print)

_____ building located at _____

(indicate type)

(street)

Permit No. _____ Owner _____

I certify that the building is constructed in compliance with all applicable statutes and local regulations and codes. Also, that the following items have been completed and accepted:

- _____ All Zoning permits and requests of Town Planning and Zoning complied with;
- _____ All applicable building permits have been issued;
- _____ All inspections required by Building Department have been completed and work accepted;
- _____ Septic system installed. As built plan submitted and approved;
- _____ Well installed and completion report submitted and accepted;
- _____ Complete water analysis submitted and accepted;
- _____ Driveway approved by Public Works Director;
- _____ Final as built survey of property showing exact location of all buildings;
- _____ Fire Marshal inspection and approval in writing.

Application of Certificate of Occupancy must be submitted with all above information completed at least ten (10) days prior to issuance of Certificate, or date of Occupancy.

Signature _____

(owner or agent)

Address _____

Telephone No. _____

Date _____

Date C.O. requested _____

Time of C.O. Inspection _____

TOWN OF CROMWELL PLANNING AND ZONING COMMISSION

APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE

Owner Name _____

Owner Address _____

Property Location _____

Date Submitted: _____ Permit # _____

Have an approved as-built been submitted? _____ Yes _____ No

As built must be furnished by a Land Surveyor certified by the State of Connecticut showing locations, setbacks, grading to A-2 requirements.

Are all conditions of approval complied with? _____ Yes _____ No

If No, has a site bond been posted? _____ Yes _____ No

Are there any outstanding zoning or wetland violations? _____ Yes _____ No

Has the Open Space fee been paid? _____ Yes _____ No

Signature _____

Check one: Owner _____ Applicant _____ Agent _____

CERTIFICATE OF ZONING COMPLIANCE

I certify that all structures established under this application have been examined and meet the requirements of the Town of Cromwell Zoning Regulations.

Development Compliance Officer

Date

**TOWN OF CROMWELL APPLICATION FOR FINAL APPROVAL
SANITARY SEWER USE OR SEPTIC SYSTEM USE**

Owner Name: _____

Owner Address: _____

Property Location: _____

Contact # _____ Date Submitted: _____

Signature: _____

Check one: ☐ Owner ☐ Applicant ☐ Agent

FOR OFFICE USE ONLY

Permit #: _____

Has an approved as-built been submitted? ☐ Yes ☐ No

Are all conditions of approval met? ☐ Yes ☐ No

Are there any outstanding septic
or sewer violations? ☐ Yes ☐ No

All structures established under this application have been
examined and substantially meet the requirements of the Town
of Cromwell Regulations and any applicable State Regulations.

Approval Signature

Date

☐ Public Health Director

☐ Sewer Division