APPLICATION # _____

TOWN OF CROMWELL
REQUEST FOR ZONING APPROVAL

**Areas required for review*

*Date of Application ____/____/_____

***Address of proposed activity**_____
*Applicant Name_____
*Applicant Address_____
*Phone Number: Day_____ Evening _____Cell_____
*Email: _____
*Owner Name_____

***TYPE OF WORK**

☐ Addition ☐ Accessory Building (shed, gazebo) ☐ Garage ☐ Above Ground Fuel/Gas Tank
☐ Sign (indicate: dimension type & quantity) _____
☐ Pool ☐ Hot Tub ☐ Carport ☐ Filling ☐ Other *specify:* _____
☐ **New Construction - Foundation As-Built must be approved before building construction commences**

Erosion and Sediment Bond Required ☐ Yes ☐ N/A E & S Bond #_____ Amount $_____
Zoning District_____Assessor Map#_____Block#_____Lot#_____
ZBA Approved ☐ Yes ☐ N/A Volume_____Page_____
*Are there Wetlands/Vernal Pools or Watercourses on this Property or within 100 feet of the requested activity? ☐ Yes ☐ No
Is an Inland Wetland Permit Required ☐ Yes ☐ No Permit#_____
*Description of proposed activity _____
_____
*Dimensions: *Height*_____*Width*_____*Length*_____ N/A ☐
*Living Floor Area: *First Floor*_____*Second Floor*_____*Garage*_____ N/A ☐
Special Permit Required ☐ Yes ☐ No Record Volume: _____Page:_____
Are the approved mylars signed and filed in the Town Clerk's Office: ☐ Yes ☐ N/A
Map file numbers _____to_____
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

☐ **A FINAL ZONING INSPECTION IS REQUIRED- Please call 860-632-3422 upon completion.**

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~***For Office use only***~~~~~~

Approved by:_____ Date:_____

Rejected by: _____ Date:_____

Condition(s) of approval:_____
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