Application #_____

TOWN OF CROMWELL
PLANNING AND ZONING COMMISSION

APPLICATION FOR TEMPORARY EVENT PERMIT

Date Submitted: _____ Zoning District: _____
Location (street name and number): _____
Name of Business (if applicable): _____
Description of Proposed Activity:_____
_____
_____
Property Owner's Name: _____
Property Owner's Address: _____
Applicant's Name: _____
Applicant's Address: _____
Applicant's Telephone Number: (daytime)_____ (evening)_____

Signature: _____ _____
Select one: ○ *owner* ○ *applicant* ○ *agent* Date

----------**FOR STAFF USE ONLY**----------

Town Planner: ○ APPROVE ○ DENY
Comments:
_____

_____ _____
Signature Date

Zoning Enforcement Officer: ○APPROVE ○ DENY
Comments:
_____

_____ _____
Signature Date

This Permit IS NOT in lieu of a Building Permit!