

Application # _____

TOWN OF CROMWELL PLANNING AND ZONING COMMISSION

USE PERMIT

Pursuant to Cromwell Regulation §8.3.B

Location Address: _____

Zoning District: _____ Parcel ID #: _____

Name of Business (if applicable): _____

Description of Proposed Activity: _____

Property Owner's Name: _____

Property Owner's Address: _____

Applicant's or Agent's Name: _____

Applicant's or Agent's Address: _____

Daytime Telephone Number: _____

Email Address: _____

Signature: _____

select one: owner applicant agent date

Printed Name of Signer: _____

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

This request:

☐ COMPLIES ☐ DOES NOT COMPLY with Cromwell Zoning Regulation § _____

Town Planner: ☐ APPROVE ☐ DENY

Comments:

Signature

Date

Zoning Enforcement Officer: ☐ APPROVE ☐ DENY

Comments:

Signature

Date