



PERMIT APPLICATION FOR: (check one of the following)

- Lot Split
- Special Use Permit
- Site Plan
- Lot Line Revisions
- Subdivision
- Building Line

FOR OFFICE USE ONLY:	File #: _____ Date Received: _____
	Street Address of Proposed Application: _____
	Zone: _____ Acreage/Lot Area: _____ Parcel/Lot#: _____
	Application Fee: _____ Surcharge Fee: _____ Affidavit Fee: _____

Applicant's Interest in Property: _____

Brief Description of Proposed Activity: _____

The undersigned warrants the truth of all statements contained herein and in all supporting documents to the best of his/her knowledge and belief. Furthermore, the applicant agrees that submission of this document constitutes permission and consent to Commission and Staff inspections of the site. *Note: Notice is hereby given the Connecticut Department of Public Health must be notified by applicants for any project located within a public water supply aquifer protection area or watershed area. (CTDPH website at <http://www.dph.state.ct.us>)*

Record Owner's Name _____

Applicant's Name _____

Street _____

Street _____

City State Zip _____

City State Zip _____

Telephone # _____

Telephone # _____

Contact Person:

Name _____

Applicant's Signature _____

Street _____

Signature of Owner/Authorized Agent _____

City State Zip _____

Telephone # _____

Email Address _____