

# TOWN OF SUFFIELD

83 Mountain Rd, Suffield, CT 06078  
www.suffieldct.gov



## ZONING DEPARTMENT

Date \_\_\_\_\_

Fee: \$60

Property Owner's Name and Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Applicant's Name and Address (if different): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Job Site Address:

\_\_\_\_\_  
\_\_\_\_\_

Description of work as part of the Building Permit/ Sign Permit Application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this permit is for a fence will it be part of a pool barrier? Yes \_\_\_\_\_ No \_\_\_\_\_

I/ We hereby certify that the information in this application is true and correct to the best of my knowledge and all pertinent documentation is submitted as required. I hereby permit the Town of Suffield staff to enter onto the subject property to inspect during reasonable hours for the purpose of reviewing this application and accompanying plans.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Owner

APPROVED \_\_\_\_\_

DENIED \_\_\_\_\_