

TOWN OF TOLLAND BUILDING / ZONING PERMIT APPLICATION

STREET LOCATION: _____

CONTACT PERSON: _____ Phone: _____

Work: _____ Fax: _____ Cell: _____ E-mail: _____

Owner: _____ Address: _____ Phone: _____

Contractor: _____ Address: _____ Phone: _____

Arch/Eng.: _____ Address: _____ Phone: _____

Contractor CT License # _____ Erect () Alter () Enlarge () Repair () Demolish ()

Use of Structure: Previous _____ Proposed _____

Description of Work: _____

Permit for Resident: _____ Comm.: _____ Indust.: _____ Muni.: _____ Water: Private _____ Public _____ Sewer: Private _____ Public _____

Heat Type: (i.e. oil) _____

Air Conditioning: yes _____ no _____

Height of Const.: _____ ft. Floor Area: _____ sq.ft. Basement: _____ sq.ft. Bedrooms: # _____ Stories: # _____

ZONING: Setbacks: Front: _____ ft Rear: _____ ft Sides: (L) _____ ft. (R) _____ ft.

By signing below I agree to comply with the regulations set forth by the Town of Tolland Zoning Regulations and the State of Connecticut Building Codes. All applications requiring Zoning Permits shall be accompanied by a plan showing actual dimensions of the lot to be built upon, the size of the structure to be erected, the location of the structure upon the lot and the dimensions of all set backs. This permit is issued based on the information submitted by the applicant. Changes to the scope of the work shall be recorded in the Development Office and may require the resubmission of an application. Inaccurate or incorrect information may render the permit null and void. It is the applicant's responsibility to call in advance for the proper inspections. In accordance with P.A. 03-144, anyone receiving a permit from the Zoning Officer may publish notice of the issuance of this permit in a newspaper having substantial circulation in Tolland.

Signature: _____

Date of submission: _____ Please print your name: _____

*****OFFICE USE ONLY*****

Building Use Group: _____ Type of Construction: _____ Date Issued: _____

Building Permit # _____ Value \$ _____ Fee Due \$ _____

Zoning Permit # _____ Zone: _____ Fee Due \$ _____

Septic Permit # _____ Total Fee Collected \$ _____ Cash/Check # _____

Date: _____ Received by: _____

Approval:

Building Official: _____ Zoning Officer: _____

Notes: _____ Notes: _____