

TOWN OF TOLLAND BUILDING / ZONING PERMIT APPLICATION

STREET LOCATION: _____

CONTACT PERSON: _____ **Phone:** _____

Owner: _____ Phone: _____

E-Mail Address: _____ Address: _____
(City, State, & Zip Code)

Contractor: _____ Phone: _____ CT License # _____

E-Mail Address: _____ Address: _____
(City, State & Zip Code)

Description of Work: _____

Permit: Residential: _____ Comm: _____ Indust: _____ Muni: _____ **Water:** Private _____ Public _____ **Sewer:** Private _____ Public _____

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

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

By signing below I agree to comply with 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. All work covered by this application has been authorized by the homeowner. If other than the owner, applicant hereby certifies that they are authorized by the owner to make this application per C.G.S. 20-338b.

Applicant Signature: _____

Date of submission: _____ Please print your name: _____

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

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

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

EHHD Fee Due \$ _____

Fire Marshal Fee Due \$ _____ Credit Card Cash

Total Fee Collected \$ _____ Check # _____

Permit Issue Date: _____ Date: _____ Received by: _____

<p>Building Official: Signature: _____ Date: _____</p>	<p>Zoning Officer: <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p>
<p>Notes: <input type="checkbox"/> Concrete Information Form Received <input type="checkbox"/> As-Built Received</p>	<p>Signature: _____ Date: _____</p> <p>Notes:</p>