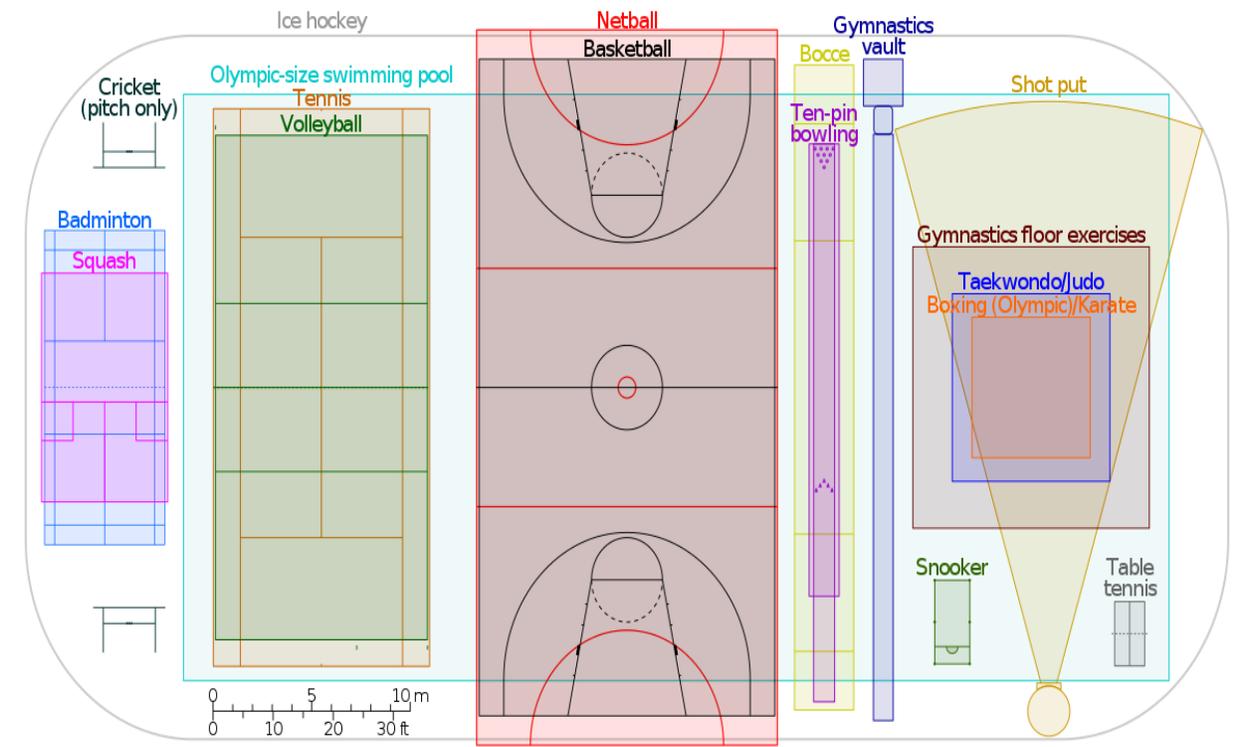


TOWN OF EASTON

TENNIS COURT & SPORT COURT

APPLICATION



BUILDING & PLANNING & ZONING DEPARTMENT CHECK LIST

ONLY

- YOU MUST SUBMIT (2) COPIES (1) THE ORIGINAL COPY OF APPLICATION PACKAGE ALONG WITH (1) COPY OF THE PERMIT PACKAGE. THIS MEANS THE ENTIRE PACKAGE ALONG WITH ANY PLOT PLANS. SURVEY, etc.
- PLEASE MAKE SURE THEY ARE IN THE SAME ORDER

HEALTH: "ASPETUCK HEALTH DISTRICT" aspetuckhd.org

ALL HEALTH PERMITS MUST BE SUBMITTED TO "ASPETUCK HEALTH DISTRICT"

LOCATED AT: 180 BAYBERRY LANE, WESTPORT, CT 06880

ZONING DEPARTMENT

- INCLUDE A CERTIFIED PLOT PLAN- SIGNATURE LETTER (2) COPIES
- FILL OUT ZONING PERMIT COMPLETELY & SIGN (IF IT IS NOT SIGNED IT WILL NOT BE ACCEPTED)
- ALL SURVEYS FOR STRUCTURES 200sf OR GREATER MUST INCLUDE STORMWATER MANAGEMENT DATA PER EASTON ZONING REGULATION 6500

CONSERVATION DEPARTMENT

- CONTACT CONSERVATION ADMINISTRATOR FOR DETERMINATION OF INLAND & WATERCOURSE REQUIREMENTS
- A SEPARATE PERMIT MAY BE REQUIRED

BUILDING DEPARTMENT

- FILL OUT BUILDING PERMIT COMPLETELY
- CALL THE BUILDING DEPARTMENT FOR PERMIT FEE AMOUNT
- INCLUDE A COPY OF WORKMAN'S COMP INSURANCE OR A 7B MUST BE FILLED OUT & NOTARIZED

GUIDE

FOR COMPLETION OF APPLICATION

- FILL OUT LEGIBLY & IN INK
- 2 COPIES MUST BE SUBMITTED (this includes a certified plot plan by a licensed surveyor)

- Pre-construction conference with the Zoning Enforcement Officer is advised in cases where Soil Erosion and Sediment Control Plans are involved
- Building Permit, Zoning Permit, Health Permit & Wetlands Permit (*if applicable*) must be obtained before work is started (*P & Z Regulation Section 8100*)
- If applicable all driveway permits must be obtained from the Department of Public Works
- Soil Erosion & Sediment Control plan must be submitted when the total disturbed area of the proposed development is cumulatively more than ½ acre

CERTIFIED PLOT PLAN MUST SHOW

- All existing & proposed building(s) including, FRONT, SIDE & REAR SETBACKS for each building
- B100a for the Health Department (*if required*)
- Wells- Existing & Proposed
- Septic Systems- Existing & Proposed
- Location & expanse of wetland, ponds & watercourses on premise & on adjoining property to a distance of 200ft
- Location of driveway(s) & existing proposed contours of land if grading change is proposed
- Abutting property owners including those on the opposite side of the public highway (names & addresses)

Notice Easton Regulation – Sections 8110, 8120 & 8130

The applicant or authorized agent shall upon completion of foundation walls submit to zoning a survey prepared by a certified & licensed land surveyor. It must show the actual location of the foundation walls on the lot. No structure or building shall thereafter be constructed above the foundation walls until the plot plan survey complying with the pertinent provisions of the certificate of zoning compliance and regulations has been approved by zoning



PLANNING AND ZONING COMMISSION

225 Center Road - Easton, Connecticut 06612
Telephone: (203) 268-6291
Town Website: eastonct.gov

ZONING PERMIT APPLICATION

- Aspetuck Health Dept. approval with approved site plan required with submission
Site Plan* (3 copies) showing proposed location
Floor Plans/Elevations (3 copies) as required to show compliance with Regulations (i.e. Area, Height, etc.)
Completed Inland Wetland Determination Form
If applicable, a Driveway Permit from DPW
Letter of Authorization if Applicant is not Owner
Application MUST be complete in its entirety
Check to the "Town of Easton" w/address in memo

Office Use Only
Date Submitted:
Application #:
Zoning Permit Fee*: \$
* \$1.50 per \$1,000 of Construction (\$25 min.)
State Land Use Fee: + \$ 60.00
CZC Inspection Fee: + \$ 25.00
Total Fee Due: \$

* Improvement Location Survey by a surveyor licensed in the State of Connecticut; this requirement may be waived if an as-built survey is on file and it can be clearly established and verifiable in the field, to the satisfaction of the Zoning Enforcement Officer, that the proposed work will not be within the setback area

Property Owner: Phone:
Applicant (if different): Phone:
Property Address:
Map No./Subdivision: Vol./Pg.: Variance Vol./Pg.:
Zoning District: A (R1) B (R3) Lot Size: Sq. Ft. / Acres
Type of Construction: New Alteration Addition Renovation Conversion
Type of Structure: Residential Accessory Structure Pool Other
Description of Project:

Proposed Setbacks to Structure: Front - ft; Sides - ft/ ft; Rear - ft
Is activity in the 100 Year Flood Plain: Yes No

Estimated Construction Cost: Structure Cost \$ (Same cost on Building Permit)
Mechanical Cost \$ (Sum of all Mechanical Permits)
Cost of Other Improvements \$ (i.e. sitework, driveway, etc.)
TOTAL CONSTRUCTION COST \$ (sum of above costs)

I, the undersigned, hereby consent to necessary and proper inspection of the subject premises by a representative of the Planning and Zoning Commission, at reasonable times, both before and after any permit applied for has been granted by the agency. Further, I hereby certify that the above answers are correct and true and that I shall conform to the requirements of the Easton Zoning Regulation.

Owner Signature: DATE Print Name:
Applicant Signature: DATE Print Name:



TOWN OF EASTON

PLANNING & ZONING

DATE: _____

ZONING # _____

Location Address: _____

ZONING PERMIT APPLICATION NEW CONSTRUCTION EROSION & SEDIMENT CONTROL AGREEMENT

I, **HEREBY** agree to adhere to the Easton Zoning Regulations regarding Soil, Erosion & Sedimentation Control as follows for the location stated above:

- Land disturbance will be kept to a minimum; scheduling re-stabilization A.S.A.P
- Hay bale filters will be installed at all culvert outlets & along the toe of all critical cut & fill slopes
- Culvert discharge areas will be protected with rip-rap channels & energy dissipaters will be provided if necessary
- Protect all catch basins with bay hale filters throughout construction & until area is thoroughly stabilized
- Erosion & Sediment Control measures will be in accordance with standards & specifications of the Erosion & Sediment Control Handbook
- Erosion & Sediment control measures will be installed prior to construction if possible
- Control measures will be maintained in effective condition throughout construction
- Additional control measures will be installed during construction if necessary
- Sediment removed from control structures will be disposed consistent with the intent of the plan
- _____, is assigned responsibility for implementing Erosion & Sediment Control Plan which includes, Installation & Maintenance Control Measures informing ALL parties engaged on the construction side of the requirements & objectives of the plan, notifying P&Z office #203-268-6291 of any transfer of this responsibility, and for conveying a copy of the Erosion & Sediment Control Plan if title to land is transferred.

Applicant Signature _____

Date: _____

Owner Signature _____

Date: _____

PLOT PLAN AGREEMENT

I, **HEREBY** acknowledge the requirements of **Section 8120** of the TOWN OF EASTON, ZONING REGULATIONS with regard to plot plans:

- Upon completion of the foundation walls or other solid supporting sub-structure and **NO LATER** than the scheduled inspection date for a back-fill inspection by The Building Department I will comply with referenced regulations
- A **CERTIFIED PLOT PLAN** must meet the requirements of a **LOCATION SURVEY** as defined in **THE CONNECTICUT STATE, "STANDARDS FOR SURVEY AND MAPS"** published by the **CONNECTICUT ASSOCIATION OF LAND SURVEYORS**

I, **HEREBY** acknowledge that prior to the issuance of a Certificate of Zoning Compliance, I must submit an **IMPROVEMENT LOCATION SURVEY** defined by the above reference standards.

Applicant Signature: _____

Date: _____

Owner Signature: _____

Date: _____

PERMIT #

TOWN OF EASTON

Worker's Comp Ins.

or

BUILDING DEPARTMENT

7B (included)

JOB ADDRESS:	Contact #
Owners Name:	Owner Email:

I, _____, hereby certify that I am the Owner or Authorized Agent of the Owner of the Property herein described and duly authorize, _____ on my behalf to execute an application for Building & Zoning permits and/or approval on my property.

Signature: _____ Date: _____

Contractor Name:		Contact #		
Business Address:		City:	State:	Zip
Registration No.	Expiration Date:	C.B.Y.D. No.:		
Email:				
JOB DESCRIPTION: (describe on lines below put square footage if applicable)		JOB COST:		
<i>Note: Estimated Job Cost Does Not Include Mechanicals. Mechanical Permits Are Priced Separately</i>				

I, THE UNDERSIGNED, hereby affirm and attest that I am familiar with the requirements & provisions of the CONNECTICUT STATE BUILDING CODES and Ordinances of the TOWN OF EASTON as they apply to the work described above, and I agree to satisfy those requirements in every portion of that work, and to give the applicable local & state requirements precedence over other written specification, drawings and instructions. I further agree to cooperate with and assist the Officials of the TOWN OF EASTON in their inspections of this work, and in the enforcement of applicable local and state codes and regulations. This permit will expire unless the work is commenced within 180 days.

I authorize the TOWN OF EASTON to properly dispose of all residential construction plans two years after issuance of the Certificate of Occupancy unless written request is submitted to the Building Department within that time.

Signature of Applicant: _____ Date: _____

THIS SECTION TO BE FILLED OUT BY PLAN REVIEWER

ESTIMATED JOB COST	\$
BUILDING PERMIT FEE	\$
CERTIFICATE OF OCCUPANCY FEE	\$
ADMINISTRATION FEE	\$
TOTAL	\$

BUILDING OFFICIAL SIGNATURE:	DATE ISSUED:
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