



PLANNING AND ZONING COMMISSION

225 Center Road - Easton, Connecticut 06612

Telephone: (203) 268-6291

Town Website: eastonct.gov

ABOVE GROUND (AG) PROPANE TANK - ZONING APPLICATION

- Site Plan* (2 copies) showing proposed location, all existing structures, all components of the septic system, driveway, patio(s), etc.
- This permit NOT required for a single tank less than or equal to 120-gallon tank
- Application **MUST** be complete in full or it will not be processed
- Check made out to the "Town of Easton"

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 shown clearly established, to the satisfaction of the Zoning Enforcement Officer, that the generator and pad will not be within 10 feet of the setback area*

Property Owner _____ Applicant (if different): _____

Property Address _____

Description of Project: _____

Estimated Construction Cost: \$ _____

Is activity in the 100 Year Flood Plain: ____ Yes; ____ No

Proposed Setbacks to Propane Tank: Front - ____ ft; Side - ____ ft/ ____ ft; Rear - ____ ft

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*: _____ Applicant Signature: _____

Print Name: _____ Print Name: _____

**In lieu of Owner Signature, the applicant must submit an authorization letter from the owner to apply for permits on their behalf.*

TOWN OF EASTON BUILDING DEPARTMENT



APPLICATION FOR PROPANE PERMIT

**If the power source is an above ground propane tank(s), greater than one 120-gallon tank,
a completed Above Ground Propane Tank Zoning Application is required**

PLEASE PRINT CLEARLY & FILL OUT COMPLETELY

PERMIT # _____

DATE: _____

ADDRESS OF JOB SITE:

Name:

Ph. #

EMAIL:

Contractor Company Name:

Ph#

License Holder Name:

Cell #

Email:

License Class:

Lic #:

Exp. Date:

JOB COST: \$

PROPANE- A PRESSURE TEST IS REQUIRED FOR ALL PIPING ABOVE GROUND & UNDERGROUND

☐ UNDERGROUND ☐ ABOVE GROUND | # TANKS | TANK SIZE:

LOCATION: | # Appliances Served by Tank(s):

Distance to Intake of Direct Vent: | Distance to A/C Compressor:

Type of Piping: CSST ☐ STEEL ☐ COPPER ☐ OTHER _____

Distance to Source of Ignition: (window, air conditioner etc.)

Distance to Window, Crawl Space Opening or Exhaust Fan:

DESCRIPTION _____

I, THE UNDERSIGNED, in accordance with Connecticut State Building Codes, hereby applies for a permit to perform mechanical work as listed herein and agrees to conform strictly to the Building Code & to give notice when the work is ready for inspections.

Signature: _____

Date: _____

OFFICE USE ONLY

Estimated Job Cost: \$ _____

Permit Fee:

Admin Fee:

TOTAL :

Building Official Signature _____

Date: _____