

PLANNING AND ZONING COMMISSION

225 Center Road - Easton, Connecticut 06612 Telephone: (203) 268-6291

ZONING	PERMIT	APPI	ICAT	ION

 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 to be waived if an as-built survey is on file and it can be clear satisfaction of the Zoning Enforcement Officer, that the pro-	ly established and verifiable in the field, to the				
	Phone:				
Applicant (if different): Property Address:	Phone:				
Map No./Subdivision: Vol./Pg.	: Variance Vol./Pg.:				
Zoning District: \square A (R1) \square B (R3) Lo					
Type of Construction: ☐ New ☐ Alteration ☐					
Type of Structure/Use:☐ Residential ☐ Accessory ☐ ADU* ☐ Pool ☐ Other Description of Project:					
Proposed Setbacks to Structure: Frontft; Sidesft/ft; Rearft Is activity in the 100 Year Flood Plain: Yes No *An Accessory Dwelling Unit (ADU) must include the ADU Addendum and Owner Affidavit.					
Estimated Construction Cost: Structure Cost Mechanical Cost	\$(Same cost on Building Permit) \$(Sum of all Mechanical Permits)				
<u>Cost of Other Improvements</u> TOTAL CONSTRUCTION COST	\$ (i.e. sitework, driveway, etc.) \$ (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:	Print Name:				
DATE Applicant Signature: DATE	Print Name:				