## **ZONING PERMIT**



## City of Ansonia

## 253 Main Street Ansonia, Connecticut 06401

Date Filed	
Receipt No	
Fee	Incl. CZC

Instructions: Fill out this application in ball point pen. A scaled plot plan in duplicate, based on a certified surveyor's plot plan must be submitted with this application showing the proposed or existing lot and building dimensions and the location of all buildings in relation to the street lines, side lot lines and rear lot lines.

ADDRESS OF PROPERTY	ZONE
MAP BLOCK PARCEL	LOT NOADDRESS MAP NOLOT SIZE
Width of street right of way less	than 50 ft.? YES NO Corner lot? YES NO
Is any portion of the lot below re	gulatory flood elevation? YESNO
City water Private well* Se	werk Septick Eng.O.S.Permit No.
OWNER	
ADDRESS OF OWNER	
ADDRESS OF OWNER Street	City State
PRESENT USE OF PROPERTY	
PROPOSED CONSTRUCTION: New	Addition Alteration Repair
SIZE/USE OF PROPOSED CONSTRUCTION	
NO. OF STORIES HEIGHT R	EQUIRED PARKING SPACESLOT COVERAGE
DATE OF: ZBA APPROVAL	SPECIAL EXEMPTION WETLANS APPROVAL
SITE PLAN APPROVAL	SPECIAL PERMIT APPROVALSUBD. REQU.YESNO
and with full authority of the	certify that I am making this application on behalf of owner of the property and that I am aware of the Zoning ase and that the statements made herein are true and correct. AS AS SUBMITTED.
THE OCCUPANCY AND USE OF LAND A CERTIFICATE OF OCCUPANCY IS PRO	ND BUILDINGS OR STRUCTURES PRIOR TO THE ISSUANCE OF A
Approved by:	Applicant's Name (Please print)
	Applicant's Signature
	Address: Street
Zoning Enforcement Officer	City State
Date Issued	

\*Permit required from State Health Dept. for apartments, subdivisions, trailer parks, shopping centers and public buildings.

\*\*Permits for sewer connections are granted by Water Pollution Control Authority.
\*\*Septic system approvals are granted by Valley Health Department, 470 Howe Ave. Shelton.