

Town of Burlington
 200 Spielman Highway • Burlington, CT 06013
 Phone 860-673-6789 • Fax 860-673-8607

Application for Zoning Permit

This permit is hereby applied for in accordance with the requirements of the Town of Burlington Zoning Regulations.

Date of Application:		Property Location (# and street):			
Owner:		Address (#, Street, Town, State, Zip):	Phone:		
Applicant:		Address (#, Street, Town, State, Zip):	Cell:		
New Construction <input type="checkbox"/>	Addition <input type="checkbox"/>	Swimming Pool <input type="checkbox"/>	Sign <input type="checkbox"/>		
New/Change of Use <input type="checkbox"/>	Excavation <input type="checkbox"/>	New House <input type="checkbox"/>	Other <input type="checkbox"/> _____		
Detailed Description of Proposed Activity:		Assessor's Map/Lot #:			
		Lot Size:			
		Zone:			
Existing Lot Coverage %:	Proposed Lot Coverage %:	Proposed Structure Dimensions: _____ X _____ X _____			
<p>This permit, if issued, is based on the plot plan submitted. Falsification, by misrepresentation or omission, or failure to comply with the conditions of approval of this permit shall constitute a violation of the Town of Burlington Zoning Regulations. The Zoning Officer has the authority to require an engineered plot plan for all applications. As per Section X.B.1.e of the Burlington Zoning Regulations, a zoning permit shall automatically become void if construction is not started within a period of one year and shall expire two years from the date of issue. A new permit must be obtained if construction is not completed within two years. By submitting this application, the property owner consents to access to the property associated with this application for inspections by the Zoning Officer for the duration of the work associated with the permit.</p>					
Applicant Signature:		Date:	Print Name:		
Property Owner Signature:		Date:	Print Name:		
Please do not write below this line.					
Plot Plan Attached? N/A NO YES Bristol Burlington Health District N/A NO YES (date approved) _____ Variance Required? N/A NO YES (date approved) _____ IWWC Approval? N/A NO YES (date approved) _____		Plan Reviewed By:			
		Date:			
		Approval Constitutes Issuance of this Zoning Permit			
		<input type="checkbox"/> APPROVED		<input type="checkbox"/> DISAPPROVED	
		Zoning Official Signature:			
		Date:			
		State Permit Fee:	Permit Number:		
		\$60.00			

If no Plot Plan attached, please complete other side.

Sketch plot plan below. Measure distances from all property lines to proposed structure. Include front, rear and side yard setbacks – as well as which direction is facing NORTH. Be sure to include any wetlands or watercourses that exist on the property.

Property Address #: _____

North

