

Application for Zoning Permit

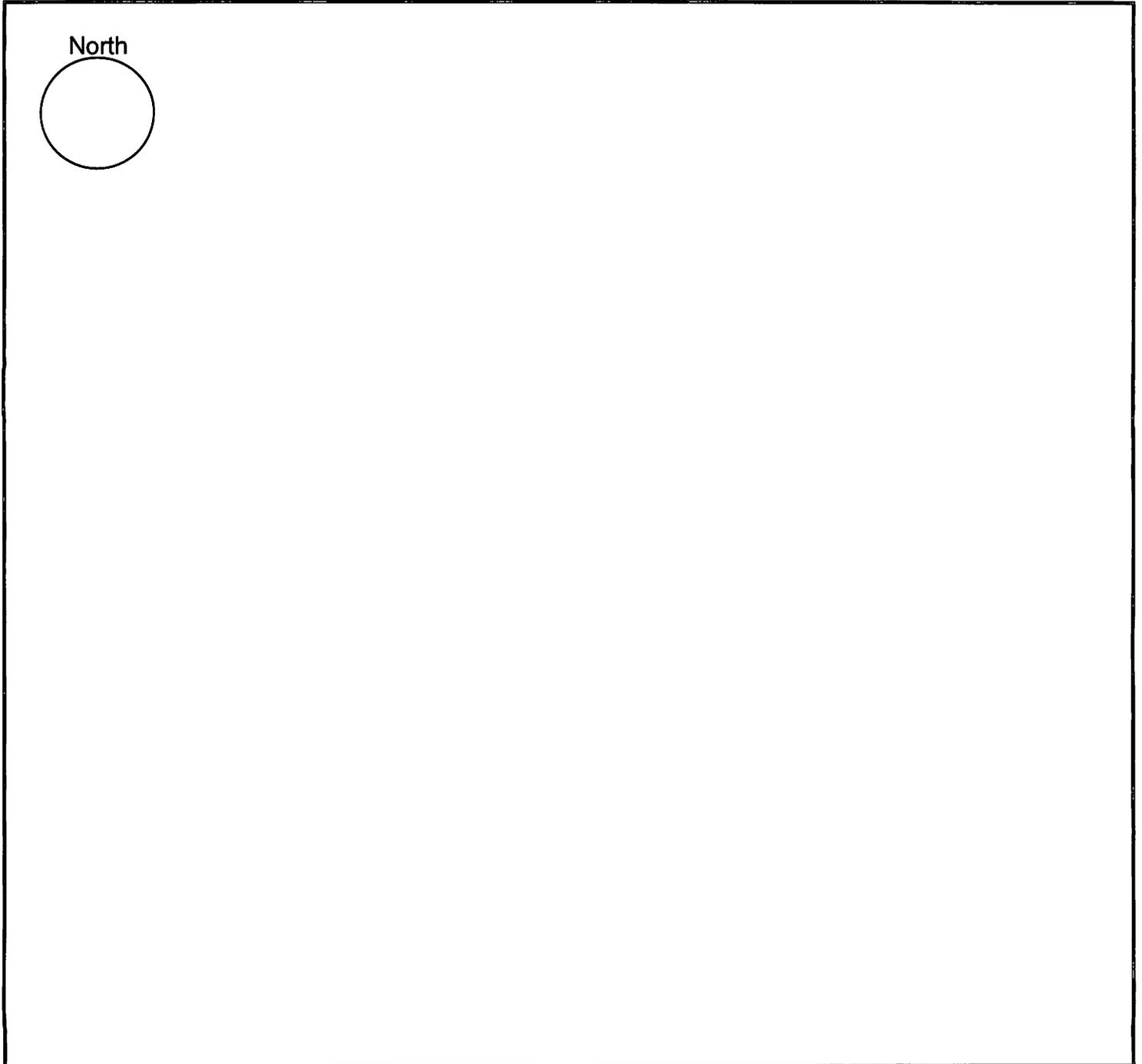
This permit is hereby applied for in accordance with the requirements of the Town of Burlington Zoning Regulations.

Date of Application:		Property Location (# and street):				
Owner:		Address (#, Street, Town, State, Zip):		Phone:	Cell:	
Applicant:		Address (#, Street, Town, State, Zip):		Phone:	Cell:	
<input type="checkbox"/> New Construction		<input type="checkbox"/> Addition		<input type="checkbox"/> Swimming Pool		
<input type="checkbox"/> New/Change of Use		<input type="checkbox"/> Excavation		<input type="checkbox"/> New House		
				<input type="checkbox"/> Sign		
				<input type="checkbox"/> Other _____		
Detailed Description of Proposed Activity:				Assessor's Map/Lot #:		
				Lot Size:		
				Zone:		
Existing Lot Coverage %:		Proposed Lot Coverage %:		Proposed Structure Dimensions:		
				_____ X _____ X _____		
<p><i>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.</i></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



BRISTOL-BURLINGTON HEALTH DISTRICT
 240 Stafford Avenue, Bristol, Connecticut 06010-4617
 Tel. (860) 584-7682 • Fax (860) 584-3814

**BUILDING CONVERSIONS / CHANGES IN USE, BUILDING ADDITIONS,
 GARAGES / ACCESSORY STRUCTURES, SWIMMING POOLS**

1. Complete Application Form (form # 1)
2. Provide signature only on Permit to Construct Form (form # 16)
3. **On a design plan or sketch, please provide the following information:**
Please check off as provided on plan or sketch.
 - Property lines
 - House location
 - Well location
 - Well location on neighboring properties
 - Location of septic tank **and** septic fields
 - Description of septic system to the proposed addition or accessory structure.
 - Soil test data

Soil test data may be available at the Bristol Burlington Health District or at the Burlington Building Department (for Burlington residents only). If no soil data is available, try to obtain soil data from neighboring properties or the original subdivision. If no soil data is obtained, soil testing may be required.

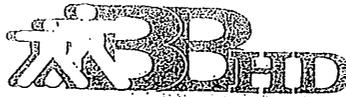
- Floor plans will be required if the proposed addition and/or change of the structure is within the structure. **Examples include:** adding a second floor, dormer, enlarging rooms, adding a bedroom, finishing a basement, in-law apartment, etc.

**SEPERATING DISTANCE REQUIREMENTS FROM PROPOSED ADDITION /
 ACCESSORY STRUCTURE TO THE SEPTIC SYSTEM**

Fee = \$50.00	Below ground pool: 25'
Fee = \$50.00	Above ground pool: 10'
Fee = \$50.00	Accessory Structure: 10' <i>(Structure shall have no footing drains)</i> Definition: Permanent non-habitable structure which is not served by a water supply. Examples Include: attached/detached garages, open decks, balconies sheds, gazebos, barns, etc.
Fee = \$75.00	Building served: (Habitable) 25' With footing drains 15' Without footing drains 10' Without footing drains to septic tank / pump chamber / grease interceptor

NOTE: FOR BUILDING ADDITIONS THE SEPARATION DISTANCE TO THE EXISTING SEPTIC SYSTEM MUST BE MAINTAINED.

"An Equal Opportunity Employer"



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APPLICATION FOR BUILDING CONVERSION
BUILDING ADDITION OR ACCESSORY STRUCTURE

NOTE: A SCALED DIAGRAM OF THE PROPOSED ADDITION OR ACCESSORY STRUCTURE IN RELATION TO EXISTING STRUCTURES, PROPERTY LINES, SEPTIC SYSTEM AND WATER SOURCE MUST BE SHOWN ON ATTACHED DETAILED PLOT PLAN. PROPOSED BUILDING PLANS MUST BE SUBMITTED WITH THIS APPLICATION (SEE FORM 2 FOR DETAILS)

DATE: _____ OWNER'S NAME _____

PROPERTY ADDRESS: _____ Tel. No. _____
(Street) (Town)

TYPE OF APPLICATION:

- Building Conversion, Change in Use (Winterization)
Building Addition
Accessory Structure, Attached or Detached Garage, Below or Above Ground Pool
Lot Division, Lot Line Change, Lot Reduction

GIVE A BRIEF DESCRIPTION OF PROPOSED APPLICATION: (performing winterization; type and number of rooms being added; square footage of house addition; and, type of structures to be added, etc.

EXISTING STRUCTURE:

Residential _____ Non-Residential _____ If Non-Res., Describe _____
Number of Existing Bedrooms _____ Number of Bathrooms _____
Number of Oversized Tubs (>99 Gallons) _____ Gallons _____
Approximate Existing Floor Area (in Sq. Ft.) _____ Approx. Proposed Floor Area _____
Footing or Foundation Drains Present? _____ (Y or N)
Water Supply: Private Well _____ or Public Water _____

EXISTING SEPTIC SYSTEM:

Year System was Installed _____ New or Repair _____
Size of Septic Tank _____ Gals. Size and Type of Leaching System _____

Curtain Drain _____ (Y or N) Has any soil testing been performed on property? _____ (Y or N)
If yes, when and by whom? _____

Signed _____ Application Fee Paid _____
(Owner or Duly Authorized Representatives)

FOR OFFICE USE ONLY

DATE: _____ ADDRESS: _____

INFORMATION ON EXISTING SYSTEM: _____

NUMBER OF BEDROOMS: _____

CODE COMPLYING AREA (SQUARE FOOTAGE): _____

CODE COMPLYING AREA (TYPE OF SYSTEM): _____

MLSS: _____

HAS A CODE COMPLYING AREA BEEN DEMONSTRATED ON A PLAN?: YES - NO -

IF A CODE COMPLYING AREA CANNOT BE DEMONSTRATED, LIST THE INFORMATION USED FOR APPROVAL: _____

COMMENTS: _____

APPROVED _____ BY: _____

DENIED _____ BY: _____