

DATE REC'D:

TOWN OF STAFFORD, CT

Building / Zoning Permit (on reverse)

Town Hall, 1 Main Street
Stafford Springs, CT 06076
860-684-1775 / 684-1793
FAX: 860-684-1768

BUILDING PERMIT # \_\_\_\_\_ [ ] ENTERED ZONING PERMIT REQUIRED? YES or NO

TOTAL VALUE - Contracted Price of Labor & Materials \$ \_\_\_\_\_ Fee: \$ \_\_\_\_\_ Paid: \_\_\_\_\_

Form with fields: Complete Address of Job, MAP/LOT, Property Owner, Address (if different), Home / Cell Telephone, Contractor/Applicant, Contractor's Complete Mailing Address, Contractor Office Telephone, Contractor's License, Copy of License, Copy Liability Insurance rec'd, License Exp. Date, Contractor Alternate Phone.

HEALTH DISTRICT PERMIT REQUIRED? YES or NO Public Water / Public Sewer
North Central District Health Department B-100 Rec'd YES or NO Date Rec'd: \_\_\_\_\_

PROPOSED BUILDING ACTIVITY:

\_\_\_ Residential \_\_\_ Commercial \_\_\_ Industrial \_\_\_ Public Use \_\_\_ Municipality \_\_\_ Demolition \_\_\_ Other \_\_\_\_\_

DOCUMENTS SUBMITTED: \_\_\_ Building Plans \_\_\_ Plot Plans \_\_\_ Heat Loss/Gain \_\_\_ RESCHECK/COMCHECK

DESCRIPTION OF PROPOSED PROJECT:

Blank lines for describing the proposed project.

Table with 6 columns: Category, Construction Type, Foundation, Roofing, Interior, Garage. Includes sub-sections like Siding and # of squares.

Must conform to: \_\_\_ Residential Code (IRC) \_\_\_ Commercial Code (IBC) TAXES PAID? YES or NO

PERMIT APPROVAL: WPCA? N/A FEES PAID? YES or NO

Building Official: \_\_\_\_\_ Date: \_\_\_\_\_

All work covered by this application has been authorized by the owner or agent of this property and will be done according to all State and Federal regulations. This permit will lapse/ expire if work does not commence within six months and is not continuously worked on. I hereby acknowledge that this permit requires inspections from Town Officials. This permit, if issued, is based upon the plot plan submitted. Falsification by misrepresentation or failure to comply with the conditions of approval of this permit shall constitute a violation of the Town of Stafford Zoning and Building Regulations. Agents of the Town of Stafford are authorized to enter upon the property for the purpose of inspection and verification of compliance with the terms of this permit.

I understand that it is my responsibility to call for required inspections.

Owner or Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DATE REC'D: \_\_\_\_\_

# TOWN OF STAFFORD, CT *Zoning Permit*

Town Hall, 1 Main Street  
Stafford Springs, CT 06076  
860-684-1775/ 684-1793  
FAX: 860-684-1768

ZONING PERMIT # \_\_\_\_\_  ENTERED Fee: \$ \_\_\_\_\_ Paid: \_\_\_\_\_

Zoning permits are required for any improvement on a property this includes, but is not limited to: sheds, barns, garages, decks, additions, AG & IG pools, fences six feet and taller, signs, parking lots.

Complete Address of Job: _____		
Property Owner: _____	Address (if different): _____	Home / Cell Telephone: _____

Zone: \_\_\_\_\_ Map #: \_\_\_\_\_ Lot #: \_\_\_\_\_ Flood Zone: \_\_\_\_\_ Map #: \_\_\_\_\_  
 Public hearing? YES or NO Date: \_\_\_\_\_ ZBA Variance granted? YES or NO Date: \_\_\_\_\_  
 Inlands/Wetlands Application? YES or NO Date: \_\_\_\_\_

**DESCRIPTION OF PROPOSED PROJECT:** *(Complete site plan must accompany application)*

**SITE PLAN**

*Please indicate existing structures, driveway, proposed structure, additions and abutting streets.  
 Clearly mark all distances from proposed structures to the property lines.  
 Indicate location of well and septic system.*

**Alternate Zoning Purpose:**

- Change of Use       Signage  
 Temporary Event       Logging  
 Other \_\_\_\_\_  
 \_\_\_\_\_

**SPECIAL CONDITIONS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Owner or Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Zoning Enforcement Officer Approval : \_\_\_\_\_

Date: \_\_\_\_\_

<b>INLAND &amp; WETLAND COMMISSION</b>	Are wetlands present within the boundaries of the proposed structure or use? YES or NO      IWWC permit? YES or NO Date of Approval: _____ Fees paid? YES or NO	_____ IWWC Agent signature
<b>WATER POLLUTION CONTROL</b>	Is connection to Town Sewer required? YES or NO Is additional annual fee required for extension? YES or NO	_____ WPCA Agent signature
<b>NORTH CENTRAL HEALTH DISTRICT</b>	Is a private septic system required? YES or NO Date of Approval: _____ Fees paid? YES or NO	_____ NCDHD Agent signature
<b>PUBLIC WORKS</b>	Driveway permit #: _____ Bond Required? YES or NO      Bond Rec'd? YES or NO	_____ DPW Agent signature