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Town of East Windsor Planning & Development

Zoning Permit Application

ZP-20____ - _____



Property

Location of Subject Property: _____

Assessor's Tax Map/Block/Lot Number: _____

Acreage: _____ Zoning District: _____

Check all that apply: Wetlands Floodplain (FEMA) Aquifer

Related planning permits: _____

The subject property is served by: Private Well* Public Water

Private Septic* Public Sewer

***Requires approval from North Central District Health Department prior to Zoning Permit application review.**

Applicant

Name of Applicant (primary contact): _____

Company: _____

Address: _____

Daytime Phone/Cell: _____

Email Address: _____

Owner

Name of Owner (if different from Applicant): _____

Address: _____

Daytime Phone/Cell: _____

Proposal

Application for: New Principal Building (includes SFH) Addition Change of Use

Accessory Structure: Barn Deck Detached Garage Pool Shed

Other: _____

Briefly describe the proposal (**provide dimensions and location**):

LENGTH: _____ WIDTH: _____ HEIGHT: _____

CONTINUED ON OTHER SIDE

Zoning Permit Application

ZP-20 _____ - _____

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Documentation

- ◆ Attach a copy of a map, drawn to scale, of the subject parcel, indicating the size of the property and the location, dimensions, and square footage of all and proposed structures and related site work. A map can be obtained from the Planning & Development Department or East Windsor's online GIS: (<http://www.eastwindsorgis.com>).
- ◆ An A-2 survey of the parcel may be required.
- ◆ At the discretion of staff, an Erosion & Sedimentation Control Bond or other bond may be required.

Signatures

By signing below, I hereby attest that I understand the application requirements, and that the information I have provided on this form is complete and accurate. I understand that this is not a Zoning Permit and that upon approval by the Zoning Official, a Zoning Permit may be issued. I further understand that approval from other Town departments and regional entities may be required, which may increase the review time.

Applicants for Single Family Homes:

I understand that prior to issuing a Certificate of Zoning Compliance, a *minimum* of 5 business days is required in order to review plans, conduct inspections, and request any modifications or bonds. I also understand that all plans shall meet the minimum standards outlined in the *Zoning Permit & Final As-Built Plan Specifications* document.

Applicant's signature: _____ Date: _____

Owner's signature: _____ Date: _____

(REQUIRED if different from Applicant)

OFFICIAL USE ONLY	
FEE	Received
Fee: \$ _____	
Check #: _____	
Receipt #: _____	
BONDS	
Bond required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bonds paid: Erosion & Sedimentation Control <input type="checkbox"/>	
Driveway Apron <input type="checkbox"/> Landscaping <input type="checkbox"/> Other <input type="checkbox"/> _____	
Total Bond Amount: \$ _____	