

**TOWN OF WATERFORD, CT – PLANNING AND DEVELOPMENT
APPLICATION FOR ZONING COMPLIANCE AND BUILDING PERMIT**

LOCATION INFORMATION:

Property Address _____ Unit # _____ Waterford _____ Quaker Hill _____
 Owner _____ Leaseee _____ Cell # () _____
 Telephone # () _____

Address _____ Street _____ City/Town _____ State _____ Zip Code _____

CONTRACTOR/AGENT INFORMATION:

Contractor/Agent _____ Cell # () _____
 Telephone # () _____

Address _____ Street _____ City/Town _____ State _____ Zip Code _____

Contractors License # _____ Expiration Date _____

Workers Compensation insurance submitted? YES _____ Affidavit YES _____

PERMIT REQUEST:

Purpose of Permit _____

The owner of the above property guarantees that all the applicable requirements of the Town of Waterford, Zoning Regulations, CT Basic Building Code and the CT Public Health Code in so far as they apply to the design, erection and location of the building described in this application will be strictly complied with. And also authorizes the Planning & Zoning Commission, Building and Health Department and its staff to enter upon the property in question for the purpose of inspection and enforcement with regard to all of the above requirements.

Property Owner Signature _____ Date _____

Printed Owner's Name _____ Email Address _____

Contractor/Agent _____ Date _____

Printed Contractor/Agent Name _____ Email Address _____

I hereby certify that the proposed work is authorized by the owner in fee and I have been authorized by the owner to make this application as his authorized agent.

OFFICE USE ONLY		
Building Permit	T/C <input type="checkbox"/> <input checked="" type="checkbox"/> U/C <input type="checkbox"/> <input checked="" type="checkbox"/>	Estimated Cost \$
#B - 2 -	P/S <input type="checkbox"/> <input checked="" type="checkbox"/> S/S <input type="checkbox"/> <input checked="" type="checkbox"/>	
	City Water <input type="checkbox"/> <input checked="" type="checkbox"/> Well <input type="checkbox"/> <input checked="" type="checkbox"/>	Fee \$
Zoning Compliance	Excavation Permit Yes <input type="checkbox"/> <input checked="" type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/>	
Permit #Z - 2 -	Ledge Light Health Yes <input type="checkbox"/> <input checked="" type="checkbox"/> No <input type="checkbox"/> <input checked="" type="checkbox"/>	State Fee \$
	Fire Marshall	
Site Work	Police Department	C of O Fee \$50.00 \$100.00
Estimate \$	Other	
		Total \$
Fee \$	Applicant Notified:	