

**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.

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