

Application Fee: \$30

Permit No. _____ Fee Paid: \$ _____

Please see directions on reverse.

TOWN OF OLD LYME

Zoning Compliance Permit Application

Property Owner of Record: _____ Phone: _____

Property Address: _____ map: _____ lot: _____ zone: _____

Mailing Address: _____
number street town state zip

Builder: _____

Mailing Address: _____
number street town state zip

Existing Status: _____

seasonal ___/year round ___ dimensions: _____ height: _____ ft. lot size: _____ sq.ft./acres road width: _____
total footprint area: _____ sq. ft. 1st floor area: _____ sq. ft. 2nd floor area: _____ sq. ft. number of bedrooms: _____

Proposal: _____

seasonal ___/year round ___ dimensions: _____ total footprint area: _____ sq. ft. height: _____ ft.
1st floor area: _____ sq. ft. 2nd floor area: _____ sq. ft. number of bedrooms: _____

Plot Plan ___/Modified Plot Plan ___ (as described in Section 51.2 of the Old Lyme Zoning Regulations) is attached.

By signing this application, the applicant acknowledges that he understands that it is the applicant's responsibility to conform to the Town of Old Lyme's Zoning Regulations and that if the information here provided proves to be false, incomplete, and/or inaccurate, the permit will be revoked. Further, by signing this application, the applicant consents to access to the premises, at reasonable times, by appropriate officials of the Town of Old Lyme for the purpose of evaluating this application prior to its approval; inspections to monitor compliance of any work performed pursuant to any approval of this application; and continuing compliance inspections and monitoring following completion of any work authorized by such approval. This consent shall include the interior of any buildings existing or proposed on the premises, where access to such buildings is reasonably required in order to monitor compliance with applicable regulations of the Town of Old Lyme, any permit issued thereunder, or any conditions of such permit. This consent shall be deemed to run with the land and be binding upon future assignees of the subject permit, and use of such permit by the applicant or its successor(s) shall constitute acceptance of this consent.

Signature of Owner/Applicant: _____ Date: _____

Name/Address: _____ Phone: _____

Office Use Only

1. Flood Hazard Permit: panel ___ zone ___ req'd: ___ not req'd: ___ exempt: ___ comment: _____
2. Coastal Site Plan Review: req'd: ___ not req'd: ___ exempt: ___ comment: _____
3. Water Resource District: n/a: ___ complies: _____ Conservation Zone: n/a: ___ complies: _____
4. Historic District: n/a: ___ complies: _____ Driveway Permit: req'd: ___ not req'd: ___ approval: _____
5. Site Development Plan: req'd: ___ not req'd: ___ approval: _____
6. Special Exception: req'd: ___ not req'd: ___ agency: _____ approval: _____
7. **Health Review:** well permit: _____ well complete: _____ septic permit: _____ number bedrooms: _____

Comment: _____

Approved/Denied: _____ Date: _____ Approved/Denied _____ Date: _____

Zoning Review: (foundation/structure): _____

_____ approved/denied _____ date: _____

Variance Application Number: _____ **Effective Date:** _____

Zoning Review: (foundation/structure): _____

_____ approved/denied _____ date: _____

Zoning Review: (foundation/structure): _____

_____ approved/denied _____ date: _____

Certificate of Zoning Compliance: _____

_____ approved: _____ date: _____