**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:_____

rev.1/24/04

# Zoning Compliance Permit Application
# Directions for Completion

***Property Owner of Record and Phone***: full name of owner of property and phone number

***Property Address***: full address where work is to be performed (number and street)

***Map and Lot***: assessor's map and lot number for property where work is to be performed

***Zone***: Zoning District for property as shown on Zoning Map for Town of Old Lyme

***Mailing Address***: full mailing address of property owner including zip code (permit will be mailed to this address unless otherwise specified)

***Builder and Mailing Address***: name and full mailing address of builder to perform work or "self" and "same" if work is to be done by owner

***Existing Status***: existing status of property including all structures (for example: subdivision lot • single family dwelling • single family dwelling with detached garage and pool)

- ***seasonal/year round***: this MUST be indicated for all residential uses
- ***dimensions***: footprint dimensions of existing structure
- ***height***: height (in feet) of existing structure
- ***lot size***: size of lot in square feet or acres – MUST BE PROVIDED
- ***road width***: width of town road right-of-way (not pavement) OR "P" for private road OR "n/a" for interior work
- ***total footprint area***: total footprint area of ALL structures on property
- ***1st floor area***: floor area, in square feet, of first floor
- ***2nd floor area***: floor area, in square feet, of second floor
- ***height***: height in feet of entire structure excluding chimney
- ***number of bedrooms***: total number of bedrooms

***Proposal***: ALL proposed improvements to be made to the site (for example: single family dwelling with attached 2 car garage and 10'X12' deck • 8'X10' storage shed • 12'X22' deck • repair existing detached garage • full dormer on rear of structure • 12'X24' second floor addition) *Note: applications for new construction will not be accepted unless all information is provided.*

- ***seasonal/year round:*** this MUST be indicated for all residential uses
- ***dimensions:*** overall dimensions of proposed construction or of total structure including proposed addition(s)
- ***total footprint area***: TOTAL footprint area of all structures after proposed construction
- ***1st floor area***: floor area, in square feet, of first floor after proposed work
- ***2nd floor area***: floor area, in square feet, of second floor after proposed work
- ***height***: height in feet of proposed structure excluding chimney
- ***number of bedrooms***: TOTAL number of bedrooms AFTER proposed construction

***Plot Plan/Modified Plot Plan***: MUST be indicated unless for interior work; plot plan in accordance with section 51.2 must bear original signature and seal of professional preparer. Anything else is a modified plot plan.

***Signature of Owner/Applicant and Date***: Application must be signed. Signature indicates compliance with terms of application.

***Name/Address and Phone***: Name must be printed legibly; address and phone must be provided if not included above.

## ALL ITEMS MUST BE COMPLETED UNLESS SPECIFICALLY WAIVED.

***$20 FEE (CASH OR CHECK PAYABLE TO "TOWN OF OLD LYME") MUST ACCOMPANY APPLICATION***