

Application Fee: \$20 Filing Fee: \$20 (separate check)

Permit No. \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_

# TOWN OF OLD LYME

## Application for Conversion of Seasonal Use Dwelling to Year Round Use Dwelling

Property Owner of Record: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_ map: \_\_\_\_\_ lot: \_\_\_\_\_ zone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
number street town state zip

Existing Status: seasonal, single family dwelling

dimensions: \_\_\_\_\_ height: \_\_\_\_\_ ft. . number of bedrooms: \_\_\_\_\_ lot size: \_\_\_\_\_ sq.ft. road width: \_\_\_\_\_

total footprint area (all structures): \_\_\_\_\_ sq. ft. 1st floor area: \_\_\_\_\_ sq. ft. 2nd floor area: \_\_\_\_\_ sq. ft

Proposal: \_\_\_\_\_

dimensions: \_\_\_\_\_ number of bedrooms: \_\_\_\_\_ height: \_\_\_\_\_ ft.

total footprint area: \_\_\_\_\_ sq. ft 1st floor area: \_\_\_\_\_ sq. ft. 2nd floor area: \_\_\_\_\_ sq. ft.

\_\_\_\_\_ Site Plan as described in Section 31.2 and 21.2.5.c(ii) of the Zoning Regulations attached. (NOTE: two (2) foot existing and proposed contours are required if any grading or filling is proposed.).

*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. Inland Wetlands Permit: req'd: \_\_\_\_\_ not req'd: \_\_\_\_\_ exempt: \_\_\_\_\_ approval: \_\_\_\_\_

4. Water Resource District: n/a: \_\_\_\_\_ complies: \_\_\_\_\_ Conservation Zone: n/a: \_\_\_\_\_ complies: \_\_\_\_\_

5. Historic District: n/a: \_\_\_\_\_ complies: \_\_\_\_\_ Driveway Permit: req'd: \_\_\_\_\_ not req'd: \_\_\_\_\_ approval: \_\_\_\_\_

6. Health Review: well: \_\_\_\_\_ septic: \_\_\_\_\_ Housing Ordinance: \_\_\_\_\_

Comment: \_\_\_\_\_

Approved/Denied: \_\_\_\_\_ Date: \_\_\_\_\_ Approved/Denied \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Review: (application to convert, including listed site/structural changes): \_\_\_\_\_

\_\_\_\_\_ approved/denied \_\_\_\_\_ date: \_\_\_\_\_

Variance Application Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Zoning Review: \_\_\_\_\_

\_\_\_\_\_ approved/denied \_\_\_\_\_ date: \_\_\_\_\_

Zoning Compliance: \_\_\_\_\_

insul/elec/htg: \_\_\_\_\_ foundation: \_\_\_\_\_

water: \_\_\_\_\_ septic/as-built: \_\_\_\_\_

grading: \_\_\_\_\_ Housing Ordinance: \_\_\_\_\_

Issued/Denied \_\_\_\_\_ Zoning Enforcement Officer: \_\_\_\_\_ date: \_\_\_\_\_

Year Round Use filed on Land Records: date: \_\_\_\_\_ by: \_\_\_\_\_ (copy attached)