

KILLINGWORTH PLANNING & ZONING COMMISSION
TOWN OFFICE BUILDING
323 ROUTE 81
KILLINGWORTH, CONNECTICUT 06419

Application for Administrative Zoning Permit

Permit Number _____

Map # _____ Lot# _____ Location _____

Applicant _____ Phone _____
Address _____

Owner _____ Phone _____
Address _____

Estimated cost of project _____

Zoning District (circle one)

A. Rural Residential

B. General Commercial

C. Industrial

Type of Permit Application (circle one)

A. New single family home

B. Addition to existing structure

C. Accessory building / barn

D. Pool / Deck

E. Sign

F. Other

Complete description of proposed activity:

Please submit a plot plan with the following information:

1. Lot boundaries, dimensions and minimum buildable areas.
2. Existing and proposed structures.
3. Dimension to lot boundaries from existing and proposed structures.
4. Total lot coverage by all structures.
5. Location of well and septic.
6. Location of driveways and parking areas.
7. Location of all wetlands, watercourses, drainage easements, utility easements and rights-of-way.

Owners Signature

Date

Fee _____

Chk#/Cash _____

Date _____