



**APPLICATION FOR ZONING PERMIT  
NEW SINGLE FAMILY OR TWO FAMILY HOME  
IN A RESIDENTIAL ZONE**

ADDRESS OF PROPERTY \_\_\_\_\_

TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_

PROPOSED USE: Single Family \_\_\_\_\_ Two-Family \_\_\_\_\_ Proposed Height \_\_\_\_\_

LOT SIZE: \_\_\_\_\_ Sq. Ft. COVERAGE \_\_\_\_\_ Sq. Ft. FLOOR AREA: \_\_\_\_\_ Sq. Ft.

**PLEASE SUBMIT WITH COMPLETED APPLICATION**

1. Application fee. (See fee schedule)
2. Completed "Building Lot Determination Form" (attached)
3. Application materials as described in the Branford Zoning Regulations. (See attached)

**The undersigned states that information submitted with this application is correct and acknowledges that any approval based on erroneous or incomplete information shall be null and void.**

Owner \_\_\_\_\_ Applicant \_\_\_\_\_  
PLEASE PRINT PLEASE PRINT

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Fee Paid \_\_\_\_\_ Received Date \_\_\_\_\_

Permit Granted \_\_\_\_\_ Permit Denied \_\_\_\_\_

ZEO Signature \_\_\_\_\_ Date \_\_\_\_\_

**9.2.H Zoning Permit Expiration.**

1. Any Zoning Permit issued by the ZEO under the provisions of these Regulations shall become invalid if the authorized work is not commenced within five (5) years after issuance of the Zoning Permit, or if the authorized work is suspended or abandoned for a period of five (5) years after the time of commencing the work.
2. A permit may be renewed once for an additional five (5) years upon filing a written request to do so.

**IMPORTANT NOTICE :** Zoning permits issued by the Zoning Enforcement Officer may be appealed by an aggrieved party pursuant to Section 8-7 of the CGS and PA 03-144. The permit holder may publish legal notice in a newspaper having substantial circulation in the Town of Branford in order that potentially aggrieved parties are aware of the decision. Please see reverse for details.