



TOWN OF BRANFORD

1019 Main Street, Branford, CT 06405

Telephone: (203) 315-0606 (203) 488-1255 FAX: (203) 315-2188

**APPLICATION FOR ZONING PERMIT
Small Structures* Permit Application Form**

ADDRESS OF PROPERTY _____

TAX MAP ____ **BLOCK** ____ **LOT** ____ **SIZE OF LOT** _____ **in sq. ft.**

PROPOSED WORK _____

CURRENT USE: (Circle all that apply.) Single family, 2-family, Multi-family (# of units)____,
Commercial, Industrial

Is the property served by sewers? Yes___ No___ **By septic system?** Yes___ No___

Is any part of the property within:

100 feet of an Inland Wetland or Water Course? Yes___ No___

FEMA Flood Zone? Yes___ No___

Town Center Review Area? Yes___ No___

Pine Orchard Zoning District Yes___ No___, If Yes submit approval document

Short Beach Zoning District Yes___ No___, If Yes submit approval document

Scanning Fee \$ _____ Zoning Fee \$ _____ Date Received _____

The undersigned hereby permits town staff to enter onto and inspect this property during reasonable hours for the purpose of reviewing this application and to determine final compliance once construction is completed.

Applicant _____ **Date:** _____ (Please print or type)

Applicant Phone # _____ **Signature** _____

Property Owner _____ **Date:** _____ (Please print or type)

Property Owner Phone # _____ **Signature** _____

Mailing Address for permit, if different than Property Address:

This is not a permit. Work can only begin after a permit is issued. Please call the ZEO for inspection when work is complete.

*One Story detached accessory structures used as tool and storage sheds, playhouses and similar uses, provided the floor area does not exceed 200 sf.