



Fee if applicable: _____

MECHANICAL PERMIT CHECKLIST

(For UG and above ground oil/gas tanks, A/C units, hot tubs, pool equip, service pedestals and generators, etc)

Property Address _____ Parcel # _____ Type of Equipment (Oil/Gas Tank, A/C Unit, etc) _____

Applicant's Name _____ Applicant's Address _____ Phone # _____

Property Owner's Name _____ Address _____ Phone # _____

Applicant Email Address _____

Description/Location of Proposed Work: _____

SEQUENCE	APPROVALS REQUIRED	CHECKED	PERMIT #
_____	HEALTH DEPARTMENT: Sanitarian 8:00am-10:00am 563-0174 APPROVAL FOR UG INSTALLS ONLY -Please bring <u>SITE PLAN</u> showing location and distances from well, septic system and main structure. – All other types of installs are the responsibility of applicant to maintain required distances.	_____	_____
_____	WETLANDS REVIEW: Dir. Env. Affairs 8:00am-10:00am- 563-0180 Please bring <u>SITE PLAN, WITH KNOWN WETLANDS, LIMITS AND REPORTS.</u> showing distance from watercourses, and wetlands.	_____	Attach site Plan
_____	EROSION AND SEDIMENT CONTROL: P&Z 8:00am-10:00am 563-0180 Please bring <u>SITE PLAN</u> showing all proposed grading, structures, limit of disturbance, and E&S controls.	_____	Attach Plot Plan
_____	ZONING PERMIT: Zoning Enf. Officer, 8:00am-10:00am 563-0185 Please bring <u>SITE PLAN</u> showing all existing structures with distances from property lines, aquifers and dwelling. ** An As-Built Survey may be required**	_____	_____
_____	FIRE MARSHALL (Wilton – 203-834-6249 – Georgetown – 203-544-8933) Call respective department for requirements.	_____	_____
_____	BUILDING DEPARTMENT: Building Official, 7:30am-12:00pm 563-0177 Please bring, <u>Mechanical License copy and or original letter from the license holder giving that person permission to pull the permit on the licensee's behalf with a copy of the license and all other approvals required above.</u>	_____	_____

THE INFORMATION REQUESTED ABOVE IS PRELIMINARY AS ADDITIONAL MATERIAL MAY BE REQUIRED UPON FURTHER REVIEW OF THE PROJECT.

NO FINAL INSPECTION WILL BE CONDUCTED UNTIL THE ABOVE NOTED DEPARTMENTS HAVE GIVEN THEIR FINAL APPROVALS WHERE APPLICABLE TO THE BUILDING DEPARTMENT.



APPLICATION FOR ZONING APPROVAL & ZONING COMPLIANCE

Town of Wilton, Connecticut

This application shall be submitted along with the appropriate checklist and shall be accompanied by a survey and 1 set of architectural plans showing proposed construction where applicable.

ANY changes to the plans after initial approval must be reviewed and reapproved by Planning and Zoning.

Applicant to fill out upper portion only and sign.

Address of Property: _____ Date _____

Proposed Activity: _____

Owner _____ Tel. _____ Email _____

Owner's Mailing Address: _____

Owner's Email: _____

Agent/Contractor (If Applicable): _____ Tel. _____

Agent/Contractor's Email: _____

APPLICANT DECLARATION

I hereby represent the information provided in this application, including submitted plans and addendum documents, to be both true and accurate. With the issuance of this document the undersigned certifies that to the best of his/her knowledge and belief, the use or structure described above conforms with the Town of Wilton Zoning Regulations or is a valid non-conforming use under such Regulations.

I further understand that any modification, expansion or reduction in the scope of the project shall be subject to the issuance of a new or revised Zoning Permit prior to commencement of such work. I understand that the failure to fully disclose information or the failure to properly represent site conditions, whether existing or proposed, could result in the inability to obtain a Certificate of Zoning Compliance upon project completion.

Application is also being made for Zoning Certificate of Compliance. Upon completion of this project, the undersigned shall notify the Zoning Officer so that a final inspection can be made.

Applicant Signature (Print and Sign)

Date

*****FOR OFFICE USE ONLY*****

ZONING INFORMATION AND APPROVALS

Zone _____ Parcel # _____ Lot Size _____ Zoning Permit # _____

Front Setback: _____ Rear Setback: _____ Left Setback: _____ Right Setback: _____

ZBA Variances Issued/Board Approval# _____

Notes _____

Approved By _____

Date _____

Zoning Officer