Fee: _____

SITE WORK APPLICATION/CHECKLIST
TOWN OF WILTON, CONNECTICUT

(Also may include some sheds and decks deemed exempt from Building Approval)

_____ _____ _____ _____
Property Address Parcel # Zone Lot Size

_____ _____ _____
Applicant's Name Applicant's Address (No. Street, Town, State, Zip) Phone #

_____ _____ _____ _____
Property Owner's Name Address (No. Street, Town, State, Zip) Phone # Site Phone #

Description of Proposed Work: _____

_____

_____

_____

_____

TO AVOID UNNECESSARY DELAYS, THE APPLICANT SHALL OBTAIN APPROVALS IN THE ORDER SHOWN BELOW, UNLESS OTHERWISE DIRECTED. THE APPLICANT SHALL BE RESPONSIBLE FOR PROVIDING ANY INFORMATION REQUIRED BY EACH DEPARTMENT. THIS REVIEW PROCESS FOR OBTAINING PERMITS MAY TAKE 3 TO 10 DAYS WITH ADDITIONAL TIME FOR SITE INSPECTIONS OR COMMISSION REVIEW IF NECESSARY.

APPROVALS REQUIRED

SEQUENCE		CHECKED	DATE	PERMIT #
_____	**HEALTH DEPARTMENT**: Sanitarian 8:00am-10:00am **563-0174** Please bring **PLOT PLAN** showing existing structures **WELL AND SEPTIC SYSTEMS** and a **SITE PLAN** showing all proposed site work and the separating distance to well & septic with description of work.	_____	_____	_____
_____	**WETLANDS REVIEW**: Dir. Env. Affairs 8:00am-10:00am- **563-0180** Please bring **PLOT PLAN, KNOWN WETLANDS, LIMITS AND REPORTS, SITE PLAN**, showing existing features and general proposed Features including structures, grading and septic location.	_____ Attach Plot Plan	_____	_____
_____	**EROSION AND SEDIMENT CONTROL**: P&Z 8:00am-10:00am **563-0180** Please bring **SITE PLAN** 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 **SITE PLAN** on a certified A-2 survey showing all existing And proposed structures.	_____	_____	_____
_____	**PUBLIC WORKS** : Field Engineer, DPW/**By Appt**. **563-0153** Please bring plan showing proposed **driveway** and features within the road Right-of-way. For sewer/water bring appropriate drawings as required.	_____	_____	
_____	**BUILDING DEPARTMENT**: Building Official, 7:30am-12:00pm **563-0177**	_____	_____	

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

FINAL INSPECTION OF THE PROPOSED WORK MAY BE REQUIRED BY MORE THAN ONE DEPARTMENT TO ENSURE COMPLIANCE WITH THE INITIAL APPROVALS