



Zoning Commission  
 29 West Avenue  
 Essex, CT 06426  
 860-767-4340 x 115  
[www.essexct.gov](http://www.essexct.gov)

**APPLICATION FOR ZONING PERMIT**  
 PLEASE TYPE OR PRINT (REV. 1/2008)

1. Property Owner(s) Name(s) \_\_\_\_\_
2. Address(es) \_\_\_\_\_ Telephone(s) \_\_\_\_\_
3. Applicant(s) Name(s) \_\_\_\_\_
4. Address(es) \_\_\_\_\_ Telephone(s) \_\_\_\_\_
5. Location of Premises (by street) \_\_\_\_\_  
 Tax Map No. \_\_\_\_\_ Tax Lot No. \_\_\_\_\_ Zoning District \_\_\_\_\_

6. Description of use and any improvement proposed: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. A Site plan is attached clearly showing:
  - a) The location and exact dimensions of all boundaries of the lot;
  - b) **The exact aggregate area of the lot** and of any portion of it represented by Wetlands and/or Watercourses (including but not limited to, streams, ponds or lakes);
  - c) **The location and exact dimensions of all existing and proposed structures** and other improvements including the location and layout of the septic system and the source of water supply;
  - d) The exact distance of all existing and proposed structures and other improvements from lot lines;
  - e) Name and location of each street abutting the lot, and/or the location and width of any other way affording access to the lot from a street;
  - f) The exact percentage of the lot area covered by existing and proposed structures.
8. The following must also be furnished as part of the application:
  - a) A list of the names and mailing addresses, with Tax Map and Tax Lot Numbers, of owners of all land adjacent to the land to which this application relates; and
  - b) **Fees: Permit \$11.00 and DEP \$30.00** both checks made payable to the Town of Essex.
  - c) **Required Bond:** Single Family \$2,000.00, Additions 800+ sq ft \$1,000.00 & Businesses see Land Use Department (Section 121D)

I/We certify that all the information on this application, including that on the site plan and any attachments, is correct as of the date below and complete. I/We certify that I/we am/are the owner(s) of the premises described above, or the authorized agent of the owner(s) of said premises.

\_\_\_\_\_  
 Dated: \_\_\_\_\_ Applicant(s) or Agent Signature(s)

**FOR OFFICIAL USE ONLY:**

Fee Paid Town: \_\_\_\_\_ DEP \_\_\_\_\_ Date received by ZEA \_\_\_\_\_ Approval Date \_\_\_\_\_

ZEA Signature \_\_\_\_\_ Permit No. \_\_\_\_\_ Denied (date) \_\_\_\_\_ Sec. \_\_\_\_\_

Permit Conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_