

**TOWN OF FRANKLIN**  
7 Meetinghouse Hill Rd., Franklin, CT 06254  
**ZONING PERMIT APPLICATION**

APPLICATION NO. \_\_\_\_\_ (Assigned by Zoning Enforcement Officer) DATE: \_\_\_\_\_

TOWN APPLICATION FEE \$\* \_\_\_\_\_ (To be determined by Zoning Enforcement Officer – Page 2)

TOWN ADMIN FEE: \$ 10.00 STATE FEE: \$ 60.00 TOTAL FEE PAID \$ \_\_\_\_\_ (Page 2)

**PER TOWN ORDINANCE FOR PROCESSING APPLICATIONS – Administrative Staff Fees - IV:**

**Cost to Review:** In the event the cost to review, evaluate, and process an application exceeds applicable fees set forth in the Town of Franklin Fee Ordinance, the applicant shall pay all reasonable additional costs incurred by the Town - upon notification of such additional costs. Until such additional costs are paid, the Town or agency or officer, thereof, may withhold the issuance of permits, the endorsement of maps or plans, and/or the release of any bond held.

**Checks/Money Orders:** Payable to "The Town of Franklin": **\*FEES ARE NON-REFUNDABLE\*** (Includes State, & Town, Fees)

**\*State Fees:** Per Connecticut General Statute-Section 22a-27j, an additional fee is to be added for the Environmental Quality Fund.

APPLICANT: \_\_\_\_\_ (PRINT NAME) SIGNATURE: \_\_\_\_\_

APPLICANT STATUS (circle one):      OWNER                      AGENT OF OWNER                      POTENTIAL BUYER

ADDRESS OF APPLICANT: \_\_\_\_\_

E-MAIL ADDRESS OF APPLICANT: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

ASSESSOR'S MAP# \_\_\_\_\_ LOT # \_\_\_\_\_ ZONE DISTRICT: \_\_\_\_\_ LOT AREA: \_\_\_\_\_ ACERAGE

PROPERTY OWNER: \_\_\_\_\_ (PRINT NAME) SIGNATURE: \_\_\_\_\_

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

E-MAIL ADDRESS OF OWNER: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

**PROVIDE SETBACKS:**

FRONT: \_\_\_\_\_ RIGHT SIDE: \_\_\_\_\_ LEFT SIDE: \_\_\_\_\_ REAR: \_\_\_\_\_

DIMENSIONS: \_\_\_\_\_ ESTIMATED COST: \$ \_\_\_\_\_

Applicants for single family dwellings, accessory buildings or expansions/additions of existing buildings and/or uses including commercial sites shall submit a plot plan to accompany this application.

**CONDITIONS OF APPROVAL:**

\_\_\_\_\_  
\_\_\_\_\_

Requirements of a site plan or plot plan must be adhered to. Failure to comply with current zoning regulations and of the approved plan shall constitute a violation of this permit and shall be declared invalid. This permit is issued on the basis that the application is in certified conformance with the Zoning Regulations. Other permits may be required, such as those concerning driveways, wetlands, buildings, and health codes. Obtaining the additional permits is the responsibility of the applicant.

SIGNATURE OF PROPERTY OWNER/APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY ZONING ENFORCEMENT OFFICER: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\* PROPOSED ACTIVITY AND APPLICATION FEES**

- ☐ New Residential Site Plan, Special Permit, or Special Exception \$100.00 (per page)  
☐ **ADD** Certificate of Zoning Compliance & Site Visit \$50.00
- ☐ New Commercial Site Plan, Special Permit, or Special Exception \$100.00 (per page)  
☐ **ADD** Certificate of Zoning Compliance & Site Visit \$50.00
- ☐ Revised Residential or Commercial Site Plan , Special Permit or Special Exception \$100.00 (per page)
- ☐ Home Occupation, Sign Permit, or Change of Use (Administrative) \$50.00  
**Include written "Statement of Use" with this Application**
- ☐ Residential accessory structure (pool, deck, garage, shed, etc.) \$50.00
- ☐ **ADD** Town Administrative fee \$ 10.00 (current) With Application
- ☐ **ADD** State Administrative fee \$ 60.00 (current) With Application

**TOTAL FEES \$** \_\_\_\_\_ (enter under "TOTAL FEES PAID" pg. 1)

**I hereby attest that the above information is true and correct to the best of my knowledge, I understand that**

1. I am responsible for ensuring that all structures are built in conformance with the Zoning Regulations in effect on the date of this permit.
2. I may be required to remove any structure(s) for which this permit is issued if it (they) are found to be in violation of those Zoning Regulations.
3. That this IS NOT a building permit and that such must be obtained from the Building Official before this construction begins.
4. That any new construction based on this permit must commence within 2 months of the date the permit was approved.
5. I give permission for the ZEO to enter this property for the purpose of inspections. A certified as-built plan is required prior to the issuance of a certificate of occupancy OR zoning compliance certification

**\*NOTE:** A certified as-built plan IS REQUIRED prior to the issuance of a Certificate of Occupancy and/or Zoning Compliance approval.

☐ **YES** ☐ **NO**

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**[OFFICE USE ONLY]**

Permit #: \_\_\_\_\_ Date Received \_\_\_\_\_

MAP: \_\_\_\_\_ LOT: \_\_\_\_\_ WETLANDS: \_\_\_\_\_ ECS MEASURES: \_\_\_\_\_

Uncas Health District Approval: \_\_\_\_\_ Driveway Permit (if applicable): \_\_\_\_\_

Conforming: \_\_\_\_\_ Non-Conforming: \_\_\_\_\_

Fee \$ \_\_\_\_\_ Cash/ Check # \_\_\_\_\_

I certify that the proposed structure(s) permitted by the above Zoning Permit appear to be in compliance with the Zoning Regulations of the Town of Franklin in effect on the date of issuance of the above permit.

\_\_\_\_\_  
 Zoning Enforcement Officer Date: \_\_\_\_\_