



Town of Groton

BUILDING/ZONING PERMIT APPLICATION

Return to:
 Inspection Services
 134 Groton Long Point Road
 Groton, CT 06340-4873
 Phone: (860)446-5982
 Fax: (860)448-4094

Please Print

(office use only)				
Permit No.	_____			
Fees: Bldg.	Zon.	C.O.	State	Total
_____	_____	_____	_____	_____

Value: _____

Address of Building: _____

Zone: _____ PIN: _____

Owner: _____ Ph. #: _____

Address: _____ E-mail: _____

Contractor: _____ Ph. #: _____

Address: _____ E-mail: _____

Nature of Proposed Work and Use: _____

Plans: _____ Type of Construction: _____ Size: _____

No. of Stories: _____ No. of Rooms: _____ No. of Baths: _____

Fireplace(s): _____ Garage: _____ Bay(s) No. of Units: _____ Public Water/Sewer: _____

ZONING PERMIT

Zoning Permit #: _____

(To be filled out in conjunction with a building permit involving any new structure, addition to an existing structure, or change of use.)

Flood Hazard District: _____ HDC #: _____ ZBA #: _____

Site Plan Approval #: _____ Special Zoning Permit #: _____

Wetlands: _____ Coastal Area Management: _____

Site Suitability #: _____ Sewer #: _____ A2 Survey: _____

Zoning Official

Date

CERTIFICATION: I hereby certify that: I am the owner of record of the named property or that the proposed work is authorized by the owner of record and/or I have been authorized to make this application as an authorized agent, and we agree to conform to all applicable laws, codes, regulations and ordinances. All information contained within is true and accurate to the best of my knowledge and belief.

Print Name in Ink

Phone #

Lic. #

Signature (in INK) of Owner/Authorized Agent

Date

Building Official

Completed Application Received Date

This permit shall become invalid unless the work authorized by such permit is commenced within 180 days after its issuance. Refunds will be subject to the refund policy.