Town of Groton
Building/Zoning Permit Application

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

Permit No.:_____ (For Office Use Only)

Fees: Bldg:_____ Zon.:_____ C.O.:_____ State:_____ Total:_____

☐ Residential Property ☐ Commercial Property ☐ New Building ☐ Existing Building

Value of Project (Cost of Materials and Labor): _____

Property Location (Street Address):_____

Owner(s) Name (as it appears in Land Records):_____

Mailing Address:_____ Telephone:_____

Town:_____ State:_____ Zip:_____ E-mail:_____

Contractor: _____ Company Name: _____

Mailing Address:_____ Telephone:_____

Town:_____ State:_____ Zip:_____ E-mail:_____

Description of Proposed Work: _____

_____

Zone: _____ PIN: _____ Plans Submitted: _____ Type of Construction: _____

Size: _____ No. of Stories: _____No. of Rooms: _____No. of Baths: _____ No. of Fireplaces: _____

Garage Bays: _____ No. of Units: _____ ☐ Public Sewer or ☐ Septic ☐ Public Water or ☐ Well

For locations with well and/or septic systems, applicant must contact Ledge Light Health District at 860-448-4882 if the proposed work includes any new structure, addition to the footprint of an existing structure, or an additional bedroom space.

Zoning Permit

Zoning Permit #:_____

(Completed by ZONING OFFICIAL in conjunction with 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 Telephone Contractor's License #

_____ _____
SIGNATURE in Ink of Owner or Authorized Agent Application Date

_____ _____
Building Official Completed Application 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.