## INSTRUCTIONS FOR OBTAINING REQUIRED ZONING PERMIT FOR INTERIOR HOUSE/CONDO RENOVATIONS

Persons wanting to obtain a permit for Interior House/Condo Renovations are to complete the following Application including plot plan showing location of project depicting property boundaries and all proposed/existing structures, septic, well, etc.

#### A complete application shall consist of the following:

- A completed Application form, which shall specify the property address and Assessor's map and lot number. If the owner is not the Applicant, the signature of the owner must also be included on the Application;
- Please refer to the Prospect Zoning Regulations Section 3.1, for height limitations and minimum setback requirements from all property lines.

#### Upon completing information, the applicant first must obtain approval from:

- Chesprocott Health District, 1247 Highland Avenue (Route 10), Cheshire.
   (203) 272-2761
  - \*\*\*\*If you are located at Regency of Prospect, Toll Brothers or Boulder Brook you do not need Chesprocott Approval. \*\*\*\*
- Land Use Inspector, 36 Center Street, Prospect, CT 06712 (203) 758-4461

<u>Please return completed Application (with stamped Chesprocott approval) to the Land Use Office with the following fees:</u>

- \$50.00 (Town of Prospect)
- \$ 60.00 (State of Connecticut)
   \*If by check, both checks payable to the "Town of Prospect" \*
- Please Note: A separate Building Permit is Required!

\*Please go to the Town's Website: TownofProspect.org and to Departments, then to the Building Department. There is a link to applying for an online Building Permit (no paper applications are required). \*

• The Prospect Building Department could be reached by calling 203 758-4461 and asking for the Building Department. Their Office Hours:

M-W-F 9:00 a.m. -1:00 p.m. and T-Th - 1:00 p.m.-5:00 p.m.

\*\*\*\*Do not apply for a Building Permit online until you receive Zoning Approval\*\*\*\*

#### Please Note:

Other approvals may be required from:

- Inland Wetlands
- Zoning Board of Appeals

Permit #
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# Zoning Permit Application for House/Condo Renovations (Please Print or Type All Information and Attach Additional Pages as Needed)

	Date:				
Applicant's Name:					
	(last)	(first)	(middle initial)		
Mailing Address:	(number)	(rood)	(tours)		
Telephone:	(number)	(road)	(town)		
rerepriener	(day)	(evening)	(cell)		
EMAIL:			<del></del>		
Agent's Name:					
Mailine Adduses	(last)	(first)	(middle initial)		
Mailing Address:	(number)	(road)	(town)		
Telephone:			(town)		
	(day)	(evening)	(cell)		
EMAIL:					
Property Owner's Name:					
	(last)	(first)	(middle initial)		
Mailing Address:	(number)	(road)	(town)		
Telephone:	(Halliber)	(road)	(town)		
·	(day)	(evening)	(cell)		
EMAIL:					
Subject Property Address:					
Zone:	Assessor's I	Map #:	Lot #:		
Lot Dimensions:	Width:	Depth:	Area:		
Size of New Structure/Add	dition: Length:	Width:	Height:(1 or 2 story)		
Proposed Use of Renovate	ed Space				

Please complete a Plot Plan (sample attached) showing distant A Zoning Location Survey, Existing Building Location Survey or of	
**** By my signing this application I agree that my/this hozoning regulations for property line setbacks, size and height liapply. ****	· · · · · · · · · · · · · · · · · · ·
Applicant/Agent Signature	Owner Signature

### PLOT PLAN

Plot Plan must be drawn in the box below or attached to this Application.

In compliance with the Zoning Regulations please show the location of the proposed structure giving distances to property lines, main residence, well and septic system.

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