ZONING REVIEW – DRIVEWAY  Town of Windsor Locks

Fee: $20.00

Office Use Only

Permit Number: _______  Approved:_______  Disapproved:_______  Date:___________

Zoning Official Signature:_____________________________________

Comments:___________________________________________________________________________________

This application cannot be approved until all required information is provided and may require review by other Departments in order to determine compliance with design, health and public safety codes.

Project Site Address:_______________________________________________Windsor Locks

Property Owner:____________________________________________________PH:________________________

Contractor / Company Name:________________________________________

Applicant Address (if different)________________________________________

Applicant Email:___________________________________________________Applicant PH:________________

Contractor License Number:________________________________________PH:________________________

Type of Occupancy:  Residential _____  Commercial _____  Industrial _____

Type of Project (Check all that apply.):

Reconstruct or Resurface of Existing Driveway only (no expansion) _____  New Driveway ____

Expand Existing Driveway _____  If expanding, what is the expansion area (sq. ft.)? ______

Please read the following requirements, include them with your application and sign below:

1. I have submitted a plot plan showing the dimensions of the property, the location and dimensions of the proposed construction or expansion, and the distances from the proposed construction or expansion to the property lines.

2. I understand that the requirements for locating and constructing driveways can be found in Section 225 and Appendix B Sketch 8 of the Windsor Locks Zoning Regulations, which are available at www.windsorlocksct.org or by calling the Land Use Office at 860 627 1447.

3. I hereby agree to conform to all the requirements of the Zoning Regulations of the Town of Windsor Locks and the Laws of the State of Connecticut and to notify the Zoning Official of any alteration in the specifications of the improvements indicated as part of this permit application.

4. I understand that a Right of Way permit through the Department of Public works may also be necessary for this project. The Department of Public Works phone number is 860 627 1405.

Applicant Signature ____________________________  Updated May 31, 2018