



Town of East Hampton
 Land Use Department
 1 Community Drive, Suite 106
 East Hampton, CT 06424
 (860) 267-7450 www.easthamptonct.gov

For Office Use Only

Fee: \$ _____

Paid Cash

Paid Check # _____

Date Paid: _____

App #: Z - _____

ZONING APPLICATION

Property Location

(Please Complete All)

Street Address of Parcel: _____

Map _____ Block _____ Lot _____ Current Use: _____ Zone: _____

Acres: _____ Square Feet: _____ Sewer Septic Unknown

Property Owner

Applicant

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Work Proposed

(Check One)

- | | | |
|---|--|---|
| <input type="radio"/> New Principle Structure (\$100) | <input type="radio"/> Swimming Pool (\$25) | <input type="radio"/> Grading/Filling/Excavating (\$25) |
| <input type="radio"/> New Accessory Structure (\$50) | <input type="radio"/> LP Tank (\$25) | <input type="radio"/> Small Shed (<200 Sq.Ft.) (\$25) |
| <input type="radio"/> Addition (\$75) | <input type="radio"/> Deck (\$25) | <input type="radio"/> Other (\$25) _____ |
| <input type="radio"/> Map - Lot Line Revision (\$25) | <input type="radio"/> Map – First Cut Lot Split (\$40) | |

Description of Work: _____

Dimensions: _____ x _____ Overall Height: (Feet) _____ Total Area (SF): _____

Other Approvals Received

(Check Any That Apply)

- | | |
|---|--------------------|
| <input type="radio"/> Chatham Health District | Date Issued: _____ |
| <input type="radio"/> Variance | Date Issued: _____ |
| <input type="radio"/> Wetlands Permit | Date Issued: _____ |
| <input type="radio"/> Special Permit | Date Issued: _____ |
| <input type="radio"/> Site Plan Approval | Date Issued: _____ |

SITE PLAN MUST BE SUBMITTED AT TIME OF APPLICATION

THE ZEO RESERVES THE RIGHT TO REQUIRE AN AS-BUILT SURVEY AS A CONDITION OF ANY APPROVAL ISSUED
 ANY FALSE STATEMENT OR ANY APPROVALS GAINED BY SUCH STATEMENT WILL RENDER APPROVAL NULL & VOID