ZONING PERMIT CHECKLIST

ZONING PERMITS ARE REQUIRED AS FOLLOWS (SEC. 1.3.2)
☐ Before the issuance of a building permit, by notation on the building permit form
☐ For a change of use if no building permit is required
☐ A separate zoning permit, if no building permit is required
☐ To allow an accessory use in connection with lawfully established principal use per Sec. 3.4.1
☐ For temporary events per Sec. 3.7

- Complete applications must include all required materials.
- Applications must also include an electronic copy of all documents and 1 set of printed drawn plans.
- Once approved, applicants must submit 3 copies of final plans and 1 electronic copy. If seeking a building permit 4 paper sets are required.
- Physical copies of plans must be drawn to a scale, and sized in 18X24 or 24X36 format.

PLEASE INCLUDE THE FOLLOWING:
Speak with a Planner to determine the requirements for the project.

☐ Zoning Permit Application
☐ State of CT Liquor Permit
☐ Plot Plan showing all existing and proposed building and structures and their dimensions, including pools, detached garages, sheds, patios, decks
☐ Scaled Floor Plan(s) indicating use and size of all spaces
☐ Elevation Drawings showing building height based on building type requirements in Sec. 4.0
☐ If a variance was granted, provide recorded copy
☐ Sign Drawings with dimensions, include sign type, and location of sign
☐ Aerial photo or GIS map of garden beer location, showing a fenced area around the beer garden, and size and dimension of garden area

☐ Full Menu (For Restaurant Use, and Restaurants with drinking)
☐ Security Plan (for temporary liquor permits)
☐ Odor Control Plan
☐ Ventilation Plan
☐ Noise Mitigation Plan
☐ Material Characteristics
☐ Waste Disposal Plan
☐ Transportation Study
☐ Security Plan
☐ Other: ________________________
☐ Other: ________________________

FOR OFFICE USE ONLY

Checklist Distribution Date: ________________________
Pre Meeting Date: ________________________

Property/Address: ________________________
Proposed Use/Project: ________________________
Zone: ________________________

Staff Reviewer Name: ________________________

Application Complete: ________________________
Staff Reviewer Name: ________________________