

Fee: \_\_\_\_\_

Email Address: \_\_\_\_\_

SITE WORK APPLICATION/CHECKLIST  
TOWN OF WILTON, CONNECTICUT

(Also may include some sheds and decks deemed exempt from Building Approval)

Property AddressParcel #ZoneLot Size

Applicant's NameApplicant's Address (No. Street, Town, State, Zip)Phone #

Property Owner's NameAddress (No. Street, Town, State, Zip)Phone #Site Phone #

Description of Proposed Work:

THE APPLICANT SHALL BE RESPONSIBLE FOR PROVIDING ANY INFORMATION REQUIRED BY EACH DEPARTMENT. THIS REVIEW PROCESS FOR OBTAINING PERMITS MAY TAKE 3 TO 10 DAYS WITH ADDITIONAL TIME FOR SITE INSPECTIONS OR COMMISSION REVIEW IF NECESSARY.

| SEQUENCE | APPROVALS REQUIRED  | CHECKED          | DATE | PERMIT # |
|----------|---|------------------|------|----------|
|          | <b>HEALTH DEPARTMENT:</b> Sanitarian 8:00am-10:00am <b>203-563-0174</b><br><b>FOR DRIVEWAY PERMITS ONLY THAT IMPACT SEPTIC SYSTEM/WELL</b><br>Please bring <b>SITE PLAN</b> showing all proposed site work with the separating distance to well & septic.                   |                  |      |          |
|          | <b>WETLANDS REVIEW:</b> Dir. Env. Affairs 8:00am-10:00am- <b>203- 563-0180</b><br>Please bring <b>PLOT PLAN, KNOWN WETLANDS, LIMITS AND REPORTS, SITE PLAN</b> , showing existing features and general proposed Features including structures, grading and septic location. | Attach Plot Plan |      |          |
|          | <b>EROSION AND SEDIMENT CONTROL:</b> P&Z 8:00am-10:00am <b>563-0180</b><br>Please bring <b>SITE PLAN</b> showing all proposed grading, structures, limit of disturbance, and E&S controls.  | Attach Plot Plan |      |          |
|          | <b>ZONING PERMIT:</b> Zoning Enf. Officer, 8:00am-10:00am <b>203-563-0185</b><br>Please bring <b>SITE PLAN</b> on a certified A-2 survey showing all existing And proposed structures.  |                  |      |          |
|          | <b>PUBLIC WORKS :</b> Field Engineer, DPW/By Appt. <b>203-563-0153</b><br>Please bring plan showing proposed <b>driveway</b> and features within the road Right-of-way. For sewer/water bring appropriate drawings as required.   |                  |      |          |
|          | <b>FIRE MARSHAL APPROVAL:</b> By Appt. <b>203-834-6249</b>  |                  |      |          |
|          | <b>BUILDING DEPARTMENT:</b> Building Official, 7:30am-12:00pm <b>563-0177</b>   |                  |      |          |

THE INFORMATION REQUESTED ABOVE IS PRELIMINARY AS ADDITIONAL MATERIAL MAY BE REQUIRED UPON FURTHER REVIEW OF THE PROJECT.

FINAL INSPECTION OF THE PROPOSED WORK MAY BE REQUIRED BY MORE THAN ONE DEPARTMENT TO ENSURE COMPLIANCE WITH THE INITIAL APPROVALS



# APPLICATION FOR ZONING APPROVAL & ZONING COMPLIANCE

Town of Wilton, Connecticut

This application shall be submitted along with the appropriate checklist and shall be accompanied by a survey and 1 set of architectural plans showing proposed construction where applicable.

**ANY changes to the plans after initial approval must be reviewed and reapproved by Planning and Zoning.**

**Applicant to fill out upper portion only and sign.**

Address of Property: \_\_\_\_\_ Date \_\_\_\_\_

Proposed Activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner \_\_\_\_\_ Tel. \_\_\_\_\_ Email \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Owner's Email: \_\_\_\_\_

Agent/Contractor (If Applicable): \_\_\_\_\_ Tel. \_\_\_\_\_

Agent/Contractor's Email: \_\_\_\_\_

## APPLICANT DECLARATION

I hereby represent the information provided in this application, including submitted plans and addendum documents, to be both true and accurate. With the issuance of this document the undersigned certifies that to the best of his/her knowledge and belief, the use or structure described above conforms with the Town of Wilton Zoning Regulations or is a valid non-conforming use under such Regulations.

I further understand that any modification, expansion or reduction in the scope of the project shall be subject to the issuance of a new or revised Zoning Permit prior to commencement of such work. I understand that the failure to fully disclose information or the failure to properly represent site conditions, whether existing or proposed, could result in the inability to obtain a Certificate of Zoning Compliance upon project completion.

**Application is also being made for Zoning Certificate of Compliance. Upon completion of this project, the undersigned shall notify the Zoning Officer so that a final inspection can be made.**

Applicant Signature (Print and Sign) \_\_\_\_\_

\_\_\_\_\_ Date

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

## ZONING INFORMATION AND APPROVALS

Zone \_\_\_\_\_ Parcel # \_\_\_\_\_ Lot Size \_\_\_\_\_ Zoning Permit # \_\_\_\_\_

Front Setback: \_\_\_\_\_ Rear Setback: \_\_\_\_\_ Left Setback: \_\_\_\_\_ Right Setback: \_\_\_\_\_

ZBA Variances Issued/Board Approval# \_\_\_\_\_

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved By \_\_\_\_\_

\_\_\_\_\_ Date

**Zoning Officer**