



Address for Land Use Files

**TOWN OF NEWTOWN
APPLICATION FOR ZONING PERMIT**

1. Owner _____

2. Applicant _____

3. Project Address: _____

4. Phone _____

5. Email _____

6. Permit for (Specify use below selection):

- a) ____ New Building or Structure
- b) ____ Enlarged Building or Structure
- c) ____ Structural Alteration (no increase in area)
- d) ____ Landscape Work (includes ¼ acre ponds)
- e) ____ Change in Use
- f) ____ Temporary Use
- g) ____ Other Use

Description of Activity: _____

7. Present use of lot (i.e. Single Family Residence)

8. Attached Plans: ____ yes ____ no
____ not necessary

8. Will any topsoil or earth materials other than
topsoil be removed from the lot or onto the
lot? ____ yes ____ no

*I declare under penalties of false statements that
the statements of the foregoing application are
complete and true.*

*This is a decision of a Zoning officer and may be
appealed to Zoning Board of Appeals in accordance
with §8.7 of the CT General Statutes within 15
days.*

Owner/Applicant

Date

ZEO Notes: _____

ZEO Signature

Date

Fee \$ _____ By _____ Date _____