



**TOWN OF WESTPORT
PLANNING & ZONING DEPT.**
110 Myrtle Ave. Town Hall - Rm. 203
Westport, CT 06880
Tel: 203-341-1030
Fax: 203-454-6145
Website: www.westportct.gov

ZONING PERMIT
OFFICE USE ONLY

PERMIT #: _____

PID # (9 Digits) : _____

APPLICANT MUST COMPLETE PAGE ONE ONLY: *Please Type or Print Legibly*

1. Property Address: _____ Zoning District: _____
(As listed on the Assessor's card)

2. Owner's Name: _____ Daytime Tel: _____

3. Owner's Address: _____ E-mail: _____

4. Applicant: _____ / _____ Daytime Tel: _____
(Person's Name) (Company Name)

5. Applicant's Address: _____ E-mail: _____

6. Existing Uses of Property: _____
(Example: 2- Story Single Family House with Pool)

7. Check type of your proposed project below:

RESIDENTIAL PROJECTS:

- New House
- Addition
- Interior Renovations
- Accessory Structure
- Swimming Pool
- Temp. Zoning Permit
- Tennis Court
- Other _____

COMMERCIAL PROJECTS:

- Building (New)
- Building (Addition)
- Interior Renovations
- Restaurant Patio Permit
- Retail to Retail
- Signage
- Excavation & Fill
- Site Changes
- Temp. Zoning Permit
- Other _____

8. Describe your project below and provide exact dimensions: *(List width x length x height, if applicable):*

9. Is this property connected to: Septic or Sewer. If Septic, list Health Dept's approval date: _____

10. Does this property have wetlands or is it located within the wetland setback, located in the WPLO Zone or Aquifer zone? If so, list Conservation Commission or Department's approval date: _____

11. Zoning Board of Appeals Case # *(if any)* _____

12. P& Z Commission approval # *(if any)* _____

13. Title of Survey / Site Plan *(3 Sets Req'd)*: _____

Prepared By: _____ Date: _____ Rev. Date: _____

14. Title of Building Plans *(3 Sets Req'd)*: _____

Prepared By: _____ Date: _____ Rev. Date: _____ # of pgs: _____

SUBMIT ALL NECESSARY PRIOR APPROVALS WITH THIS APPLICATION *(See the "Permit Requirements Guide Form")*