

WESTPORT PLANNING AND ZONING COMMISSION

110 Myrtle Ave – Town Hall Room 203 Westport, CT 06880 Tel: 203-341-1030

UNIT LOCATION SIGN-OFF INSTRUCTIONS *for* **GENERATOR, A/C UNIT**

or

ABOVE GROUND MECHANICAL & STORAGE TANK

URGENT NOTE:

Effective 2-17-12: You must have "1 of the following 3" = *Owner's signature* on this application or an *Authorization Letter* from owner or a *Signed Contract* showing project property address when applying for a PERMIT or location SIGN OFF.

1. ***If*** property is on a SEPTIC SYSTEM you ***MUST*** get written sign off onto PAGE 2 Line #7 from HEALTH DEPT, BEFORE P&Z. Call HEALTH for appointment 203-227-9571 or **visit 180 Bayberry Ln**, as their review is needed ***first***.
2. ***ALL PROJECTS*** must **call 203-341-1170** or **visit CONSERVATION DEPT room 205 BEFORE P&Z**, you ***MUST*** get their written sign off onto PAGE 2 LINE #8, as their review is needed ***prior*** to P&Z.
3. ***If*** the mechanical equipment will be in a FLOOD ZONE you ***MUST*** confirm they will be at or above flood elevation by completing page 2 **item #9**.
4. ***If*** the property is in a ***Historic District***, BEFORE going to P&Z you need to **call 203-341-1184** or **visit the HISTORIC DISTRICT office Room 108**; to secure their approval located on page 2 **Item #10**.
5. ***Bring ALL the following to P&Z room 203 during WALK-IN HOURS DAILY between 9:00 – 11:30 am ONLY.***
 - a) The Health, Conservation and/or Historic approval sign offs if applicable, (see #1, #2, #3 & #4).
 - b) A copy of the Property Survey with a penciled square where unit is wanted *or* your printed GIS Map (*See Note below for when GIS is acceptable*).
 - c) Authorization Letter from owner ***or*** a signed contract showing project address ***or*** Owner sign Form.

You need a property Survey or GIS Map to show your choice for the location; visit our Website to using the GIS feature on www.westportct.gov. If you have no survey; staff maybe able to print it for you (time permitting).

Note: You may only use a GIS Map when the unit is located at least 20% of the required setback from the property line, which is then added to the required setback amount. For example, if the lot has a required setback of 15', then 20% of that amount is 3', which is added to the 15' to equal 18'. So, if applicant is utilizing the GIS map, then the unit must be at least 18' from the property line, otherwise a property survey will be required.

6. Condensers & Generators **must meet the required setbacks** for the property zone (*see survey*).
7. Complete the attached SIGN OFF APPLICATION in full and have the **property owner sign** it.
8. Fee for this sign off is **\$35.00**; bring cash or check payable to: **Town of Westport** (*No credit cards*).
9. Commercial generator & a/c condensers require Zoning Permits & may require additional approvals.
10. BEFORE installation an Electrician must contact the Building Dept for Electrical Permit 203-341-5025.

NOTE: AN ABOVE GROUND OIL TANK MUST BE SECURELY ANCHORED AS PER Section 31-11.9 of Westport Regulations.

LOCATION SIGN-OFF APPLICATION *for*
GENERATOR, A/C UNIT
or
ABOVE GROUND MECHANICAL & STORAGE TANK
WESTPORT PLANNING & ZONING

Submission Date: _____

Fee = \$ 35.00

1. Address of property: _____
2. Property ID# (9 Digits - Staff will provide) _____ Zoning District: _____
3. Owner of Record of property: _____
Owner's Address: _____ Daytime Tel #: _____
Owner's E-mail: _____
4. Agent's Name (if different): _____
Agent's Address: _____ Daytime Tel #: _____
Agent's E-mail: _____
5. Existing Uses of Property: _____
6. Health Dept Approved by Name: _____ Approved Date: _____
7. Conservation Dept Approved by Name: _____ Approved Date: _____
8. Flood Zone: _____ Base Flood Elevation Required by FEMA: _____
Proposed Base Flood Elevation: _____
9. Historic Dept. Approved by Name: _____ Approved Date: _____
10. P&Z Staff viewed Owner's *Authorization Letter* or a copy of *Signed Contract* for this work.
11. P&Z Approved by Name: _____ Approved Date: _____

Applicant's signature (If different than owner)

Owner's signature or *(Authorization Letter or Contract copy - see #10)*

URGENT NOTE: *ALL the above information must be included on this form or approval will not be processed.*

12. **BEFORE INSTALLATION:** Give these Approval Forms to your **Electrician** to contact **Building Dept.** for an Electrical Permit. *Call for permit hours: 203-341-5025 located at 515 Post Rd E, 2nd Floor of Firehouse.*