



Town of Westport
Planning and Zoning
 Town Hall, 110 Myrtle Avenue
 Westport, CT 06880
 Tel: 203-341-1030 Fax: 203-454-6145
www.westportct.gov

LOCATION SIGN-OFF APPLICATION for

GENERATOR, A/C UNIT or ABOVE GROUND MECHANICAL & STORAGE TANK

Submission Date: _____
 Fee = \$ 35.00

1. Address of property: 34 Otter Trail

2. Property ID# (9 Digits - Staff will provide) _____ Zoning District: _____

3. Owner of Record of property: Bob Baskins

Owner's Address: 34 Otter Trail Daytime Tel #: 202-669-5608

Owner's E-mail: robertbaskin@msn.com

4. Agent's Name (if different): R. Piro Electric LLC

Agent's Address: PO Box 804 Daytime Tel #: 203-880-5995

Agent's E-mail: rob@rpiroelectric.com

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: _____

P&Z Approved by Name: _____ Approved Date: _____

Applicant's signature (If different than owner)

[Handwritten Signature]

Owner's signature or (Authorization Letter or Contract copy)