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.