

**TOWN OF PORTLAND, CT.  
ZONING PERMIT**

No. \_\_\_\_\_ Date \_\_\_\_\_

Location: \_\_\_\_\_ Zone: \_\_\_\_\_

Assessor's Map: \_\_\_\_\_ Lot: \_\_\_\_\_ Acres: \_\_\_\_\_

*Is this property located within the **Town Center Village District Overlay Zone**? \_\_\_\_\_*

*If so, please review the **Design Guidelines** for recommendations and speak with the **Land Use Administrator** prior to submission of this application. A **consultant's fee** for design review is required at that time.*

**Property Owner:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Cell:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**New Construction** \_\_\_\_\_ **Swimming Pool** \_\_\_\_\_ **Addition** \_\_\_\_\_ **Sign** \_\_\_\_\_

**Excavation** \_\_\_\_\_ **Change of Use** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Wetlands Permit Date & App.#:** \_\_\_\_\_

**Subdivision Name:** \_\_\_\_\_

**Special Permit Date & App.#:** \_\_\_\_\_ **Site Plan Date & App.# :** \_\_\_\_\_

**ZBA Date & App.#:** \_\_\_\_\_

**Existing Property Use:** \_\_\_\_\_

**What are you Proposing:** \_\_\_\_\_

**Dimensions of Proposal: Length:** \_\_\_\_\_ **Width:** \_\_\_\_\_ **Height** \_\_\_\_\_

**Existing Building Coverage:** \_\_\_\_\_ % **Proposed Building Coverage:** \_\_\_\_\_ %

**Number of Stories:** \_\_\_\_\_

*By signing this application, the applicant(s) and/or owner(s) agree that the Zoning Official and the Planning & Zoning Commission or their agent(s) are authorized to enter upon the property for which this permit applies for the purpose of inspection and enforcement and administration of the Zoning Regulations for the Town of Portland. This permit is issued based upon the plot plan and all supporting documents submitted. Falsification by misrepresentation or omission or failure to comply with the conditions of this permit shall constitute a violation of the Portland Zoning Regulations and shall render this permit void.*

*This permit is void if: Construction authorized by this permit is not completed within 5 years from date of approval, or work and/or activity being performed is not in accordance with this permit.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(owner **MUST** sign application)

**Approved by:** \_\_\_\_\_ (Zoning Officer)

**Subject to the following instructions that are integral to this approval:** \_\_\_\_\_

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**Date:** \_\_\_\_\_

**Denied by:** \_\_\_\_\_ (Zoning Officer)

**Reasons:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Town Fee:** \_\_\_\_\_  
**State Fee:** \$60.00  
**Total Fee:** \_\_\_\_\_