

SAYBROOK TOWNSHIP APPLICATION FOR ZONING PERMIT

Phone 440.969.1106 Fax 440.969.7450 www.saybrooktownship.org

The undersigned applies for a zoning permit for the following use. A permit or denial will be issued based on the written information listed on this application. The applicant is required to supply required attachments as listed below and any other documentation as may be necessary to determine conformance with, and to provide for the enforcement of Saybrook Zoning Resolution. The applicant further certified that all information and attachments to this application are true and correct. When applying for a Zoning Permit, the applicant (owner of the building or premises and the undersigned) is hereby consenting to Township entry onto the property for inspection purposes.

Name of Owner: _____

Address: _____ Phone: _____

Name of Agent: _____ Phone: _____
(Agent must provide Letter of Authorization from Owner at the time of application.)

Address of Property: _____

District: _____

- New Resident Alteration Addition Accessory Structure Business Agricultural Structure
- Other – I/OP

DIMENSIONS:

Frontage on Main Road: _____	Setback from Right of Way: _____
Rear Clearance: _____	Building Height: _____
Building Width: _____	Building Depth: _____
Left Clearance: _____	Right Clearance: _____
Square Feet: _____	Description & size: _____

COMMERCIAL PROPERTY: I/OP

of Parking Spaces: _____ # of Loading Spaces: _____

THIS PERMIT SHALL BE VOID IF NOT STARTED WITHIN ONE (1) YEAR OR COMPLETED WITHIN TWO AND A HALF (2-1/2) YEARS.

Fee: \$ _____ (Fees are Non-Refundable)

REQUIRED ATTACHMENTS:

- Proof of ownership & legal lot description (deed)
- Plot Plan with building location showing access drives
- Covenant approval if applicable

Applicant Date

APPROVED: _____ PERMIT #: _____
 DENIED (see page 2)

Zoning Inspector Date
Albert Sedivec