



## TOWN OF LISBON

INCORPORATED 1786



BUILDING INSPECTOR  
ZONING ENFORCEMENT OFFICER  
1 NEWENT ROAD  
LISBON, CONNECTICUT 06351-2926  
TEL. (860) 376-8291

### TOWN OF LISBON ZONING PERMIT APPLICATION

*For single and two-family homes and accessory buildings or uses.*

To be completed by the applicant:

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

Applicant: \_\_\_\_\_ Address: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Location of Property (street address): \_\_\_\_\_

Property within Special Flood Hazard Area: YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, see Flood Plain Checklist

Land Records ID: Map: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Vol: \_\_\_\_\_ Page \_\_\_\_\_ Zone: \_\_\_\_\_

Lot Size in Square Feet: \_\_\_\_\_ Total Building Floor Area in Square Feet: \_\_\_\_\_

Existing Use of Land or Building: \_\_\_\_\_

Proposed Use of Land or Building: \_\_\_\_\_

**APPROVAL FROM THE TOWN SANITARIAN REQUIRED, PER SECTION 19-13-B100a, CT DEPT of PUBLIC HEALTH.** Applicants for permitted single or two-family dwellings and accessory buildings or expansions or additions of such buildings on residential lots shall complete the plot plan on the reverse side of this form.

#### CERTIFICATION

I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY, OR THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION. AS HIS/HER AUTHORIZED AGENT I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THIS JURISDICTION. IN ADDITION, IF A PERMIT FOR WORK DESCRIBED IN THIS APPLICATION IS ISSUED, I CERTIFY THAT THE CODE OFFICIAL OR THE CODE OFFICIAL'S AUTHORIZED REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER AREAS COVERED BY SUCH PERMIT AT ANY REASONABLE HOUR TO ENFORCE PROVISIONS OF THE CODE(S) APPLICABLE TO SUCH PERMIT.

(A permit issued on the basis of this application certifies conformance with the Lisbon Zoning regulations. Other permits may be required, such as those concerning driveways, wetlands, water and sewer facilities, fire protection, building code and health code. Obtaining the additional permits is the responsibility of the applicant.)

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

#### OFFICE USE ONLY

Zoning Permit # \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Reasons for denial or modifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Zoning Enforcement Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Permit is not valid without ZEO's signature and comments*

*Revised: 5/22/2023 ejoseph (f:) CB\_Res\_Zoning\_Permit\_Application*

#### PAID

CASH/CHECK #: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

DATE: \_\_\_\_\_ RECIEVED BY: \_\_\_\_\_