

**APPLICATION FOR ZONING PERMIT
PLANNING & ZONING COMMISSION
TOWN OF LYME, CONNECTICUT**

PERMIT #: _____

NOTE: PROPERTY TAXES MUST BE PAID IN FULL BEFORE A PERMIT IS ISSUED.

Assessor's Map#: _____ Lot#: _____ Zoning District: _____ DATE: _____

APPLICANT: _____ **EMAIL:** _____

PROPERTY ADDRESS: _____ TEL #: _____

OWNER: _____ CELL#: _____

MAILING ADDRESS: _____

The undersigned hereby makes application for a ZONING PERMIT under the Zoning Regulations of the Town of Lyme, Connecticut.

Application is made for the following:

- | | |
|---|--|
| <input type="checkbox"/> Proposed new building or structure and use thereof | <input type="checkbox"/> Accessory Apartment |
| <input type="checkbox"/> Change of use of existing building or structure | <input type="checkbox"/> Timber Harvest |
| <input type="checkbox"/> Modification of existing building or structure and use thereof | <input type="checkbox"/> Sign Permit |
| <input type="checkbox"/> Home Occupation | [B & B or Short-Term Rental-
SEPARATE FORM] |
| <input type="checkbox"/> Other _____ | |

List All Existing Easements: _____

Description of Proposal: _____

PROPERTY LOCATED WITHIN:

	YES	NO		YES	NO
Conservation Zone:	<input type="checkbox"/>	<input type="checkbox"/>	Coastal Zone:	<input type="checkbox"/>	<input type="checkbox"/>
Flood Plain District:	<input type="checkbox"/>	<input type="checkbox"/>	Inland Wetland Zone	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Date: _____ Signed: _____

Application Fee: \$ _____ Paid by Cash Paid by Check Check # _____

APPROVED DENIED _____

Site Plan rev. date: _____

Date: _____

Zoning Enforcement Officer