

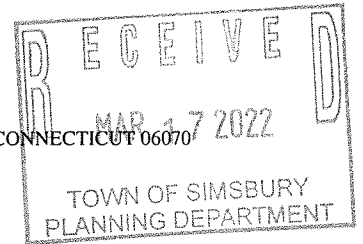


Town of Simsbury

933 HOPMEADOW STREET

SIMSBURY, CONNECTICUT 06070

Office of Community Planning and Development



ZONING COMPLIANCE REVIEW- \$25.00 # _____ - _____

Applicant Name: <u>KM Wood</u>		Property Owner: <u>Nord christensen</u>		
Property Address: <u>542 Hopmeadow St</u>				
Contact Info (phone, email): <u>4058028857</u> <u>lebanhpatsserie@gmail.com</u>				
Permit Mailing Address: <u>542 Hopmeadow St</u>				
Proposed Structure: <u>wall sign</u>	Sq. Ft.	Length:	Width:	Height:
Proposed Use: <u>wall sign</u>		Existing Use: <u>direct replacement</u>		
Zoning District: <u>B1</u>	Variance: Yes/No <u>No</u>	Parcel Size: <u>1.54 ac</u>		
Flood Zone: <u>NO</u>	Wetlands: Yes/No <u>No</u>	If yes, approval date:		
1 st Floor Area: _____ sq. ft.	2 nd Floor Area: _____ sq. ft.	Historic District: Yes/No <u>No</u>		
Special Exception: Yes/No: Describe: <u>No</u>				
Comm/Industrial/Business Structures: Coverage: Existing % _____ Proposed % _____				
Please provide:				
1. A copy of a map or site plan, drawn to scale, to include the following: <ul style="list-style-type: none"> • Location and exact dimensions of all boundaries of the lot; • Location of wetlands and watercourses on or near property; • Location and exact dimensions of all existing and proposed structures, septic system and water supply; • Exact distance of proposed structures from property lines; • A floor plan if the application is for a commercial change of use. 				
2. Staff may require additional information based on the type of permit required.				
<u>REQUIRED ZONING INSPECTIONS- OFFICE USE ONLY</u>				
<input type="checkbox"/> E&S compliance <input type="checkbox"/> Foundation As Built <input type="checkbox"/> Final As- Built <input type="checkbox"/> Certificate of Occupancy <input type="checkbox"/> Site Plan Compliance <input type="checkbox"/> Limits of Clearing <input type="checkbox"/> Final Zoning Compliance				

APPROVED: _____ Date: _____ DENIED: _____ Date: _____

FOR OFFICE USE ONLY

CERTIFICATE OF OCCUPANCY SIGN OFF

A request has been made for Certificate of Occupancy for a, _____ (structure), at, _____ (address), Building Permit # _____.

Departments	Signature/Sign off	Date
Health Dept/FVHD		
Sewer- Public		
Fire Marshal		
Zoning/ZBA		
Wetlands		
HDC		
Engineering		
Comments		