



# CITY OF NEW LONDON

OFFICE OF DEVELOPMENT & PLANNING

## PLANNING • ZONING • WETLANDS DIVISION

181 State Street New London, CT 06320 • Phone (860) 437-6379 • Fax (860) 437-4467

### APPLICATION FOR ADMINISTRATIVE ZONING PERMIT

#### MODIFICATION/ADDITION/CHANGE OF USE

*(For Non Residential Structures)*

There is a **\$25.00** fee associated with an administrative review by the Zoning Enforcement Officer. Building permit applications, for projects that require zoning approval, will only be reviewed when accompanied with a copy of this application, appropriately stamped and signed by the Zoning Enforcement Officer.

Address of Activity: \_\_\_\_\_

ZONE \_\_\_\_\_ Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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

Current Use of the Property: \_\_\_\_\_

Project Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In order to accurately review the project, it will be necessary for the applicant to provide the following plans:**

**(1) A-2 Survey or Plot Plan of the proposed project which illustrates & documents the following information:**

- |  |   |
|--|---|
| <input type="checkbox"/> Dimensions of Lot                 | <input type="checkbox"/> Percentage of Lot Coverage (Existing ____%/Proposed____%)  |
| <input type="checkbox"/> Dimensions of Existing Structures | <input type="checkbox"/> Distances from Structures to Property Lines                |
| <input type="checkbox"/> Dimensions of Proposed Structures | <input type="checkbox"/> Height of Proposed Structures                              |
| <input type="checkbox"/> Adjacent Streets                  | <input type="checkbox"/> Compliance with parking requirements for increased density |

**(2) Floor plans of which illustrate the following information:**

- |  |  |
|--|--|
| <input type="checkbox"/> Entrances/Exits | <input type="checkbox"/> Any use(s) proposed for the space |
| <input type="checkbox"/> Bathrooms       | <input type="checkbox"/> Office space                      |
| <input type="checkbox"/> _____           | <input type="checkbox"/> _____                             |
| <input type="checkbox"/> _____           | <input type="checkbox"/> _____                             |

*-Please Turn Over for Page Two-*

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- (3) Elevation plans of which illustrate the height of the proposed addition/structure;
- (4) Any additional information relative to the review of this project (i.e. letter outlining the proposed use, scope of the project, timeline for completion, etc).

Property Owners Signature \_\_\_\_\_  
*Upon penalty of perjury, I represent by this signature that I have the consent, authority and agreement of all other owners of the involved properties to submit this application.*  
*All applications must be signed by the legal property owner of the subject property, or you must provide documentation that you have been authorized by the property owner to obtain permits on their behalf.*

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Applicant/Agent Signature \_\_\_\_\_

**This project may require permits from other City Officials.**  
**The applicant is responsible for contacting other departments.**

*Appeals taken to the Zoning Board of Appeals to reverse any order, requirement, or decision by the Zoning Enforcement Officer must be taken within thirty (30) days after their receipt of this order. Forms to make an appeal can be obtained at the Office of Development & Planning, at the Stanton Building, 111 Union Street, New London, Connecticut.*

*(Appeal Sections 8-7 CTGS, 1000 City of New London's Zoning Regulations.)*

<b><u>FOR STAFF USE ONLY</u></b>	
<b>ODP ADMINISTRATIVE APPROVAL</b>	
Use: _____	
_____	
_____	
Signature: _____	Date: _____
<i>(Approval based on information provided by applicant, any variations are the sole responsibility of the applicant.)</i>	