



# CITY OF NEW LONDON

## PLANNING • ZONING • WETLANDS DIVISION

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

### -NEW BUSINESS ZONING PERMIT APPLICATION -

In order to expedite the review process for your project, please complete and submit the following to this office:

- (1) Complete the attached "Zoning Permit Application Form". *The property owner(s) of the subject property must sign all application forms;*
- (2) Floor plans that illustrates the items on page 4 of 4 of this application;
- (3) When required by the Zoning Official, a plot plan that illustrates the items on page 4 of 4 of this application.
- (4) The **\$25.00 application fee** may be made by cash, check or money orders. These may be made payable to, "the City of New London".

**The New London Police Department (NLPD) requests that you complete and return to the PD, a "Public Safety/Emergency Information Business Form". This form is available at the NLPD Headquarters (#5 Governor Winthrop Blvd, New London or at the City's Website, [www.ci.new-london.ct.us](http://www.ci.new-london.ct.us).**

If you have any questions please don't hesitate to contact our staff by telephone or email.

Michelle Johnson Scovish	Assistant Planner Zoning & Wetlands Official	860.437.6381 <a href="mailto:mscovish@ci.new-london.ct.us">mscovish@ci.new-london.ct.us</a>
Shelly Briscoe	Land Use Coordinator	860.437.6289 <a href="mailto:sbriscoe@ci.new-london.ct.us">sbriscoe@ci.new-london.ct.us</a>

Sincerely,

*Michelle Johnson Scovish*

*Shelly Briscoe*

Michelle Johnson Scovish - CZEO/DAA  
Assistant Planner/Zoning & Wetlands Official

Shelly Briscoe- CZET  
Land Use Coordinator



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\_\_\_\_\_ MAP                      BLOCK                      LOT                      ZONE  
**ADDRESS OF ACTIVITY**

**BUSINESS OPERATOR INFORMATION:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing address: \_\_\_\_\_

**PROPERTY OWNER INFORMATION:**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing address: \_\_\_\_\_

**-PROPOSED USE-**

Type of Business: \_\_\_\_\_ Name of Business: \_\_\_\_\_

Products/Services Offered: \_\_\_\_\_

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

<i>Please check days of operation and provide hours of operation:</i>			
<input type="checkbox"/> Monday _____ TO _____	<input type="checkbox"/> Tuesday _____ TO _____	<input type="checkbox"/> Wednesday _____ TO _____	<input type="checkbox"/> Thursday _____ TO _____
<input type="checkbox"/> Friday _____ TO _____	<input type="checkbox"/> Saturday _____ TO _____	<input type="checkbox"/> Sunday _____ TO _____	

**Outline modifications proposed to the interior and/or exterior of the subject building as well as any proposed changes to the property (lighting, landscaping, paving, etc.):**

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

**In addition to this application you must provide a floor plan, to scale, of how the space for your business will be used. Included on the floor plan shall be the following:**

<input type="checkbox"/> Entrances	<input type="checkbox"/> Partitions	<input type="checkbox"/> Storage
<input type="checkbox"/> Windows	<input type="checkbox"/> Usage of Each Area	<input type="checkbox"/> Hallways
<input type="checkbox"/> Shelving	<input type="checkbox"/> Stairs	<input type="checkbox"/> Any other relevant information
<input type="checkbox"/> Bathrooms		

**Additionally, a plot plan (prepared to scale) may be required which includes the following information/details:**

<input type="checkbox"/> Dimensions of lot	<input type="checkbox"/> Dimensions of existing structures
<input type="checkbox"/> Dimensions of proposed structures	<input type="checkbox"/> Portion of the building to be used
<input type="checkbox"/> Adjacent streets/sidewalks	<input type="checkbox"/> Parking for customers/employees
<input type="checkbox"/> Other existing uses	<input type="checkbox"/> Curb cuts
<input type="checkbox"/> External lighting	<input type="checkbox"/> Any other relevant information
<input type="checkbox"/> Landscaping	

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Applicant's Signature

Date

**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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Property Owner's Signature

Date

***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.***

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Property Owner's Signature

Date

***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.***