

# PLANNING AND ZONING DEPARTMENT

MUNICIPAL CENTER, 196 NORTH MAIN STREET  
SOUTHINGTON, CONNECTICUT 06489  
PHONE: (860) 276-6248



\*fee includes \$60.00 state fee  
FEE: \$80.00

## HOME OCCUPATION ZONING APPLICATION

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

ZP # \_\_\_\_\_

Owner name and mailing address (please print):

Applicant name and mailing address (please print):

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

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

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

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

### LOCATION OF AFFECTED PREMISES:

Street address: \_\_\_\_\_ Zone: \_\_\_\_\_

Utilities: Sewer \_\_\_\_\_ Septic System \_\_\_\_\_ Well \_\_\_\_\_ Town Water \_\_\_\_\_

Give nature and description of proposal: \_\_\_\_\_

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

Please include a copy of a plot plan or sketch depicting the location and off-street parking in connection with the proposal.

Signature of Applicant/Owner/Agent: \_\_\_\_\_

Please Print: \_\_\_\_\_

OFFICE USE ONLY:	APPROVED	DENIED
Planning & Zoning Department	_____	_____
Town Engineer	_____	_____
Health Department	_____	_____

Approved for Zoning Permit. A copy of this approval shall be presented to the Building Department prior to the issuance of a Building Permit.

\_\_\_\_\_

Zoning Enforcement Officer                      Date