

Town of Chester  
Middlesex Avenue  
Chester Connecticut 06412



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## APPLICATION FOR A ZONING PERMIT

**FEE:** \$30 Up to \$5,000 value  
Plus \$1 for each additional \$1,000 in value  
Plus CT D.E.E.P. fee of \$60

1. Property Owner's Name: \_\_\_\_\_
2. Property Owner's Address: \_\_\_\_\_
3. Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_
4. Applicant's Name: \_\_\_\_\_
5. Applicant's Address: \_\_\_\_\_
6. Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_
7. Location of Premises: \_\_\_\_\_  

Street Number
Street Name

 Map: \_\_\_\_\_ Lot: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Cost of Improvements: \_\_\_\_\_
8. Description of all proposed uses and improvements: \_\_\_\_\_

9. Is the project within 100' of a Wetland or Watercourse area?  Yes  No
10. Is the project within a Public Drinking Supply Aquifer area ([Aquifer Protection Area Map](#))?  Yes  No
11. Attach **SITE PLAN** clearly showing:
  - a. Location and dimensions of all boundaries of the lot
  - b. Lot acreage and that of any portion of it represented by tidal and/or inland wetlands and/or watercourses.
  - c. Location and exact dimensions of all existing and proposed structures and other improvements.
  - d. Exact distance of all existing and proposed structures and other improvements from all lot boundary lines.
  - e. Name and location of each street abutting the lot, and the location and width of any other access way.
  - f. Exact percentage of the lot area covered by existing and proposed structures.
  - g. Source of the water supply.
  - h. Location and method of sanitary waste disposal.

I certify that all information on this application, including that shown on the site plan, and on any attachments, is correct as of the date below and is complete, to the best of my knowledge.

Owner/Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



Application Number: _____	Date Received: _____
Fee Paid: _____ Check #/Cash: _____	Granted: _____ Denied: _____
Contractor: _____	Telephone Number: _____
	Email: _____
Zoning Compliance Officer: _____	Date: _____