P.O. Box 39
Sherman, CT 06784

Application No. _____

_____ Statement of Intent
_____ Zoning Permit Application

Planning and Zoning Commission
Town of Sherman, Connecticut

Notice to applicants:
This form must be completed for any activity on property, which is regulated by the Town of Sherman including any type of land disturbance. This form must be accompanied by a fee (either in cash, or in the form of a check or money order payable to the Town of Sherman and a certified site plot plan (A-2 Survey). New construction requires a plot plan. Zoning permits become void unless the permitted activity in initiated within one year after the date of issuance. Approval of this permit does not constitute a building permit and should be issued by the building inspector. Also, further information may be required upon review of the application. Please review the applicable regulations of the Town. If you have any questions, please call the Planning and Zoning Commission office at 860-355-3127.

Please print clearly and press down

Name of Property Owner(s) of record: _____
Mailing Address: _____ phone number: _____
Exact Location (911 #): _____
Zone : _____ A _____ B _____ C _____ D Assessor's Map/Lot #: _____
Size property: _____ acres Frontage: _____ feet Minimum Depth: _____ feet
Underground utilities on property: _____ yes _____ no
Distance of proposed structure from nearest property line: _____ feet
Distance of proposed structure from center of traveled portion of road or front property line: _____ feet
Type of Proposed Activity: _____ accessory building _____ addition _____ deck _____ driveway
_____ dwelling _____ garage _____ road _____ septic system
_____ other _____
Will this activity be located in a flood plain ? _____ yes _____ no
State description, purpose, and size of the proposed activity and location on the property:

_____
_____
_____
_____
_____

I CERTIFY THAT THE ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

_____	_____
signature of applicant(s) or agent date	signature of applicant(s) or agent date
_____	_____
name (print)	name (print)
_____	_____
street address (mailing address)	street address (mailing address)
_____	_____
phone number with area code	phone number with area code

For Commission Use Only

_____ Fee
_____ Agent letter
_____ Commission hearing
_____ Driveway Permit
_____ Earth Materials Operation Application

_____ Health Department Report
_____ SIWWCC Report
_____ Soil Erosion and Sedimentation Control Plan
_____ Other _____

Received: _____
Extension date: _____
Permit granted/denied: _____

Action deadline: _____
Commission action: _____

Remarks: _____
_____
_____
_____

"A permit to construct foundation only, pending our receipt of a certified "as built" of foundation" Required: yes/no

_____ _____
Authorized Signature date

Final Inspection as required per CGS Section 8-3(f)

_____
_____
_____

_____ _____
Authorized Signature date

cc: Original – Building File P&Z File Applicant SIWWCC

TOWN OF SHERMAN
LAND USE ENFORCEMENT OFFICE
MANDATORY PRE-APPLICATION FOR ALL LAND USE, HEALTH, AND BUILDING APPLICATIONS

Except for interior work in existing buildings and exterior work that does not expand or alter the footprint of an existing building.

Effective October 1, 2005 no Land Use, Health, or Building application for a permit may be filed until the holder(s) of any conservation restriction or preservation restriction on the subject property has been notified. Please see the attached legislation, PA 05-124.

PLEASE PRINT CLEARLY

Property Owner(s) of Record: _____

Address of Permit Application _____

I hereby certify there are NO conservation easements or restrictions nor any preservation restrictions on the above referenced property:

Property Owner or Agent:
Signature: _____ Date: _____
Name: _____

If more than one owner:
Signature: _____ Date: _____
Name: _____

There ARE conservation easements or restrictions or preservation restrictions on the above referenced property:

Name of Restriction Holder: _____
Phone: _____

Please attach one of the following:

1. Proof that the holder of the conservation or preservation restriction was notified by certified mail/ return receipt requested, 60 days prior to filing for a permit, of the property owner's intent to apply for a Land Use, Health or Building permit in the Town of Sherman or

2. A letter from the conservation or preservation restriction holder verifying that the application is in compliance with the terms of the restriction.

09/2022

Permission of Agent Affidavit

This affidavit certifies that the party listed, has been granted authorization to obtain a permit(s) on behalf of a property owner. This affidavit must be filled out completely by the property owner if another party is submitting an application(s) on the owner's behalf.

Address of property: _____

Homeowner information:

Name: _____

Mailing Address: _____

Home phone: _____ Cell phone: _____

Email: _____

Nature of work being done: _____

Agent Information:

Name: _____

Doing Business as: _____

Business Address: _____

Telephone: _____ Cell phone: _____

Email: _____

I, hereby give permission for the above assigned, to act on my behalf as agent for the application for permits in reference to work specified above on my property.

Homeowner 1:

_____

Signature Date:

Homeowner 2 : (If applicable)

_____

Signature Date:

Please return this affidavit with the completed permit application (s) to:

Town of Sherman
Planning & Zoning Office
P.O. Box 39
Sherman, CT 06784