



TOWN OF ASHFORD, CT

Application for Administrative Zoning Permit

Ashford Planning and Zoning Department
zeo@ashfordtownhall.org

Instructions for submission of an Administrative Zoning Permit during COVID-19 Town Hall Closure

This form is to be used when submitting an application for an Administrative Zoning Permit to the Zoning Enforcement Officer. If you are unsure of what type of approval your project requires, please email the Zoning Officer at zeo@ashfordtownhall.org

The form below is a fillable PDF document. It may be completed entirely online and submitted via email to the Zoning Office using the steps below. If you have questions, please first attempt to contact the ZEO via the email above as Town staff may be working remotely and not in the office. You may also call the Land Use Department directly 860-487-4415.

Electronic Application Steps	Application by Mail:
<ol style="list-style-type: none"> 1. Complete form below by entering the required information into the form below. 2. After completing the application form, submit a completed copy of the PDF to zeo@ashfordtownhall.org. Your email should also include; <ol style="list-style-type: none"> i. A plot plan/site plan sketch of the proposed project ii. Approval from Eastern Highlands Health District (if already obtained) 3. Following receipt of your completed application, the ZEO will review your proposed project and upon confirming receipt indicate the required application fee. A check, payable to the “Town of Ashford” may then be mailed. 4. Once payment is received, the application will be reviewed and if applicable, a permit will be issued to the application via email. 	<ol style="list-style-type: none"> 1. Print and complete the application below 2. Email zeo@ashfordtownhall.org or call the Land Use Office to determine your application fee. 3. Mail the completed application with; <ol style="list-style-type: none"> i. A plot plan/site plan sketch of the proposed project ii. Approval from Eastern Highlands Health District (if already obtained) iii. A check, payable to the Town of Ashford 4. Following receipt of your completed application, with attachments and required fee the ZEO will review your proposed project. If applicable, a permit will be mailed to the applicant if email is not available.

Important Links:

Health

Ashford is a member of a regional Health Department, Eastern Highlands Health District. Before permits can be issued, EHHD is required to issue their own permit. They may be contacted at www.ehhd.org

Wetlands

If your property has wetlands, upland review area or watercourses on it or with 100ft of the proposed project location it is likely you will Wetlands approval. The Town’s wetland agent, Joe Theroux may be reached at 860-376-6842.

Building

Once all other necessary approvals have been obtained, a building permit may be applied for by following this link: <https://www.permitlinkonline.com/csp/ashford/DocumentLink.PublicLogin.cls>



Town of Ashford
Planning and Zoning Commission

Administrative Zoning Permit Application

Land Use Office File #

1. Property Information

Parcel Identification: Map # Block # Lot #
Street Address of Property (if available):
Size of Property (acres): Existing Zone:
Is any portion of the property within 500ft of the Town Boundary?
If yes, which Town?
Does the property contain wetlands or watercourses?
If yes, has an application been submitted to the Inland Wetlands Commission or its Agent?

2. Proposed Activity

Per Article 5A, Section 4, the Zoning Officer, acting on behalf of the Commission, may issue an Administrative Zoning Permit for the following. Please select from the options below.

- I. Construct an addition to a residential structure or accessory structure in any zone.
- II. Change in permitted use: Existing Use Proposed Use:
- III. Construct a Single or Two-Family Dwelling
- IV. New Accessory Building or Use
 - a. Accessory Use in the RA Zone
 - b. Accessory Building

Note: For any project upon which a Certificate of Zoning Compliance will be required, no such Certificate will be issued until all work or construction (if any) has been completed in accordance with this application and submitted plans. For new residential dwellings, large

3. Project Description



4. Contact Information

Property Owner:
Address:
Phone #:
Email:

Applicant Name (if different from Owner)
Address:
Phone #:
Email:

Applicant Agreement:

The applicant understands and agrees that this Application will be considered complete only when all information and documents required are submitted. The Applicant further understands and agrees that failure to complete the requirements requested within this application or the Zoning Regulations, and failure to provide such additional information the Zoning Officer may require, or to provide accurate and truthful information, will result in denial of this request and any subsequent permit that may be issued to be revoked and null and void.

The applicant and property owner hereby grant permission to the Ashford Planning and Zoning Commission and their designated agents to enter upon and inspect the property which is the subject of this Application during reasonable hours and for a period of time from the submission date of this application to the complete date of the approved activity.

Signature of Applicant(s)

Please type your name in the signature box. By completing this field and checking the box below, you agree that you are the property owner and/or legally authorized to do so.

Signature of Owner (if different from Applicant)

Date

Town Staff Use Only

Receipt on supporting materials.	of the required	copies of the applicant and
Receipt on	of the required \$	
Fee Total:		
Payment Method	Cash:	
	Check:	Number: