## ZONING PERMIT APPLICATION CHAPLIN PLANNING & ZONING COMMISSION

(See Article 9.3 of the Zoning Regulations for permit requirements)

APPLICANT/OWNER SECTION



Owners name	Mailing address	Telephone
		/
Applicants name (if different than owner)	) Mailing address	Telephone
	4.	
Address of proposed activity	map-block-parcel Zonir	ng District
tatement of Use: Fully describe the propose uantity of fill material to be brought onto, mo		
ot Plan: The applicant shall submit two (2) operty lines, lot area, lot dimensions, location dispetic systems, bordering streets, inland woning Agent to determine compliance with the	on and size of existing and proposed stru vetlands, flood hazard areas and any other	ectures, driveways, parking areas, wer information deemed necessary by
aived by the Zoning Agent.		,
	sary to determine compliance.	, ,
uilding plans and/or other information necess  o demonstrate that the proposal complies wit	th the Public Health Code and Inland W	etlands and Watercourses Regulatio
nilding plans and/or other information necess o demonstrate that the proposal complies wit llowing approvals are required and any cond	th the Public Health Code and Inland Wiltions of approval shall be incorporated	etlands and Watercourses Regulation into the zoning permit.
nilding plans and/or other information necess of demonstrate that the proposal complies wit llowing approvals are required and any cond	th the Public Health Code and Inland Wiltions of approval shall be incorporated	etlands and Watercourses Regulatio
demonstrate that the proposal complies wit llowing approvals are required and any cond Signature of Town Sanitarian	th the Public Health Code and Inland Weltitions of approval shall be incorporated  / Date  Comment	etlands and Watercourses Regulation into the zoning permit.
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aived by the Zoning Agent.  uilding plans and/or other information necess of demonstrate that the proposal complies with allowing approvals are required and any cond  Signature of Town Sanitarian  /  Signature of Inland Wetlands Agent  alidity: If approved, the Zoning Permit is grampleted.	th the Public Health Code and Inland Weltitions of approval shall be incorporated  / Date Comment  / Date Comment	etlands and Watercourses Regulation into the zoning permit.
demonstrate that the proposal complies with a demonstrate that the proposal complies with	th the Public Health Code and Inland We ditions of approval shall be incorporated  / Date Comment  / Date Comment  anted for a period of one year and must reformation supplied to the Zoning Agen scupied or used until a Certificate of Corporation and the composition of the couples of the cou	etlands and Watercourses Regulation into the zoning permit.  Its  be renewed if construction is not the tisting and accurate and that the langliance has been issued. The appliance

## ZONING AGENT SECTION

In reviewing and approving any application provisions have been met:	n for a Zoning Permit, the Zoning Agent shall determine that the following		
1. The application is complete and	the applicable fee has been paid. Amount of fee		
<ul> <li>2. All applicable zoning regulations have been met or varied by the ZBA, including dimensional requirements, performance standards, permitted use provisions and soil and erosion control regulations.</li> <li>3. All applicable PZC and ZBA conditions of approval have been met, including compliance with approved plan Date and nature of approval:</li></ul>			
<u>Final Action:</u> Based on the applicants submissions, which are attached to or referenced on this form, the Zoning Perm has been: Approved as submitted; Approved with the conditions stated below; Denied			
The following comments, conditions of app	proval or reasons for denial apply:		
Signature of Zoning Agent	Date		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		
CERTIFICATE OF ZONING COMPLIANCE			
	structures, buildings or site improvements have been constructed in accordance ermit process, and as appropriate, with plans approved by the PZC and/or ZBA.		
Issued to:	Location:		
Type of structure/use:			
1. The completed work meets all appli Town regulations and permit requirements	icable provisions of the Chaplin Zoning Regulations and all other applicable , including Health District and Public Works.		
2. All specified conditions of the Zonin	ng Permit and/or PZC or ZBA have been met.		
3. Where required, a surveyors/engineers certification has been submitted to verify compliance with approved plans.			
Based upon a final inspection of the site on approved as submitted; approv	n, the Certificate of Compliance is ved with conditions stated below; denied.		
The following comments, conditions of app	proval or reasons for denial apply:		
<del>10 </del>			
Signature of Zoning Agent	Date		