TOWN OF SEYMOUR – STEP ONE –

PLEASE HAVE COMPLETED BEFORE SUBMITTING PERMIT APPLICATION

PROPERTY LOCATION: ___________________________________________ DATE:

OWNER’S NAME: ______________________________________________

APPLICANT’S NAME: ___________________________________________

DESCRIPTION OF PROJECT: _____________________________________

1. **Assessor’s Office**: List #: ___________________ Map / Lot #: ___________________

   Property Address: _____________________________ Owner of Record: ___________________

   **Assessor’s Office**: PRINT ___________________________________/ SIGN __________________ DATE: __________

2. **Tax Collector Dept.**: TAXES CURRENT ☐ TAXES OWED ☐

   **Tax Collector’s Office**: PRINT ___________________________________/ SIGN __________________ DATE: __________

3. **Inland & Wet Lands Dept. / Storm Water Management**

   Based upon the review of the Inland Wet Lands Maps, Record Subdivision Map, Site Plan or other data
   the above
   Project is in compliance with Wetlands Regulations. **Notes**: _______________________________________

   **Inland & Wetlands**: PRINT ___________________________________/ SIGN __________________ DATE: __________

4. **Planning & Zoning Dept.**

   Project approval granted by Administrative Review: YES ________ NO ________
   Project approval granted by P&Z Commission Review: YES ________ NO ________
   Project approval granted by Zoning Board of Appeals: YES ________ NO ________

   **Planning & Zoning**: PRINT ___________________________________/ SIGN __________________ DATE: __________

5. **Water Pollution Control Authority** - 203-735-0288

   **W.P.C.A.**: PRINT ___________________________________/ SIGN __________________ DATE: __________

6. **Naugatuck Valley Health Department** – 203-881-3255

   **N.V.H.D.**: PRINT ___________________________________/ SIGN __________________ DATE: __________

7. **Town Engineer** – Bryan Nesteriak – 203-881-8145

   **ENGINEER**: PRINT ___________________________________/ SIGN __________________ DATE: __________
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8. Fire Marshal's Office: Approval based on submitted plans and review - CT Review Code ______

Fire Marshal: PRINT ____________________/ SIGN ____________________ DATE: __________

9. Building Dept. --- Project Compliance Per Plans and Review per the CT State Building Code

Building Official: PRINT ____________________/ SIGN ____________________ DATE: __________

** PLEASE BRING THIS DOCUMENT TO THE ASSESSORS OFFICE FIRST – THEY WILL ASK YOU TO WAIT AT FRONT MAIN ENTRANCE – THEY WILL FILL OUT THEIR PORTION AND BRING IT TO THE TAX OFFICE WHERE THEY WILL COMPLETE THEIR PORTION AND BRING IT BACK TO YOU AT FRONT MAIN ENTRANCE. THEN ONCE THIS IS COMPLETE BY THOSE DEPARTMENTS YOU CAN LEAVE IN THE “DROP OFF BOX” AND WE WILL BEGIN TO COMPLETE THE PERMIT APPLICATION FOR YOU, WE WILL EMAIL OR MAIL THE APPROVED PERMIT TO YOU**

ONCE YOU HAVE ALL OF THE REQUIRED SIGNATURES –

YOU WILL THEN COME BACK TO THE BUILDING DEPARTMENT TO CONTINUE THE PERMIT PROCESS.

REV. 10/29/2020