

## INSTRUCTIONS FOR OBTAINING REQUIRED ZONING PERMIT FOR A RESIDENTIAL HOUSE

Persons wanting to construct a residential house are to complete the following Application.

### A complete application shall consist of the following:

- A completed Application form, which shall specify the property address and Assessor's map and lot number. If the owner is not the Applicant, the signature of the owner must also be included on the Application;
- It is the Applicant's responsibility to confirm the accuracy of all proposed structures to the property boundary. The Applicant must include with the Application, a certified plot plan showing location of all proposed structures, including topographic data, wetlands, drainage outlets, driveway grading, etc. drawn by a land surveyor or professional engineer, with sufficient reference points on the lot to be developed. This plot plan may be obtained from the seller or other sources. If no plot plan is available, one must be obtained. It is the applicant's responsibility to comply with all pertinent regulations. *Please refer to the Prospect Zoning Regulations Section 3.1, for height limitations and minimum setback requirements from all property lines.*

### Upon completing information, the applicant first must obtain approval from:

- Chesprocott Health District, 1247 Highland Avenue (Route 10), Cheshire.  
(203) 272-2761
- Land Use Inspector, 36 Center Street, Prospect, CT 06712 (203) 758-4461

### Other Preliminary Reviews may be required by:

- Fire Marshall
- Inland Wetlands Agent
- Assistant Director of Public Works
- Zoning Enforcement Officer
- Building Inspector

### **Please return completed Application (with stamped Chesprocott approval) to the Land Use Office with the following fees:**

- \$ 200.00 (Town of Prospect)
- \$ 60.00 (State of Connecticut)
- \*If by check, both checks payable to the "Town of Prospect" \***

***Please Note: A separate Building Permit is Required!***

***\*Please go to the Town's Website: [TownofProspect.org](http://TownofProspect.org) and to Departments, then to the Building Department. There is a link to applying for an online Building Permit (no paper applications are required). \****

- The Prospect Building Department could be reached by calling 203 758-4461 and asking for the Building Department. Their Office Hours:  
M-W-F 9:00 a.m. -1:00 p.m. and T-Th – 1:00 p.m.-5:00 p.m.

**Certificate of Zoning Compliance:**

- An A-2 “As-Built” Plot Plan is required for final Zoning approval. Upon final Zoning approval a Certificate of Zoning Compliance will be issued. A Certificate of Zoning Compliance is necessary before obtaining a Certificate of Occupancy.

**Please review the Town of Prospect Zoning Regulations “Table of General Bulk Regulations” for further information as to required setbacks to property line, lot area coverage and maximum height limitations.**

Permit # \_\_\_\_\_

### Zoning Permit Application for a Residential House

(Please Print or Type All Information and Attach Additional Pages as Needed)

Date: \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

(last) (first) (middle initial)

Mailing Address: \_\_\_\_\_

(number) (road) (town)

Telephone: \_\_\_\_\_

(day) (evening) (cell)

**EMAIL:** \_\_\_\_\_

**Agent's Name:** \_\_\_\_\_

(last) (first) (middle initial)

Mailing Address: \_\_\_\_\_

(number) (road) (town)

Telephone: \_\_\_\_\_

(day) (evening) (cell)

**EMAIL:** \_\_\_\_\_

**Property Owner's Name:** \_\_\_\_\_

(last) (first) (middle initial)

Mailing Address: \_\_\_\_\_

(number) (road) (town)

Telephone: \_\_\_\_\_

(day) (evening) (cell)

**EMAIL:** \_\_\_\_\_

**Subject Property Address:** \_\_\_\_\_

Zone: \_\_\_\_\_ Assessor's Map #: \_\_\_\_\_ Lot #: \_\_\_\_\_

Lot Dimensions: Width: \_\_\_\_\_ Depth: \_\_\_\_\_ Area: \_\_\_\_\_

Size of Building: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_ (Max Height 35 Ft.)

Distance of structure from Property Lines: Front: \_\_\_\_\_ Ft. Rear: \_\_\_\_\_ Ft.

Left Side: \_\_\_\_\_ Ft. Right Side: \_\_\_\_\_ Ft.

Zoning Requirements for single family residential dwelling			Max. % of Lot Area Covered by Structures (Lot Coverage)		Minimum Frontages	Front Yard Setback	Side Yard Setback	Rear Yard Setback	Max. Height	Min. Floor Area
Zone	General Use Application	Minimum Lot Area	Building Alone	Impervious Surfaces						
RA-1	Single Family Home	40,000 SF	15%	30%	150 Ft.	50 Ft.	25 Ft.	50 Ft.	35 Ft.	960 SF

Type of Construction: \_\_\_\_\_

Proposed Use of Building: \_\_\_\_\_

All applications for zoning permits shall be accompanied by a plan at a scale of not less than 1" = 30-feet showing actual dimensions of the lot to be built upon, the size of the structure to be erected, the location of the structure to property lines, location of well and septic system upon the lot, drainage outlets or connections to Town stormwater facilities and, if necessary, comments from Chesprocott Health District pertaining to the septic or well installation and additional information as may be required such as location of wetlands, utility easements, etc.

**Construction may not proceed until a Building Permit has been obtained.**

Said permit shall be void if the work described therein is not commenced within a period of one year from the date of issue. This permit is issued based on information submitted by the applicant which, if found to be inaccurate or incorrect could render the permit null and void.

I hereby certify that the above information is correct to the best of my knowledge and belief and that the proposed structure will be in full compliance with zoning requirements for a single-family residential dwelling.

\_\_\_\_\_  
Applicant/Agent Signature

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Additional Remarks or Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By signing the above Application, the Applicant hereby consents to inspection of the site of the proposed activity at any reasonable time before or after the granting of a permit.**

**STAFF REVIEW AND CERTIFICATION  
FOR A NEW RESIDENTIAL HOUSE IN PROSPECT**

Owner or Applicant: \_\_\_\_\_

**Subject Property Address:** \_\_\_\_\_

Zone: \_\_\_\_\_ Assessor's Map #: \_\_\_\_\_ Lot #: \_\_\_\_\_

Lot Dimensions: Width: \_\_\_\_\_ Depth: \_\_\_\_\_ Area: \_\_\_\_\_

1. Chesprocott Health District, 1247 Highland Avenue (Route 10), Cheshire. (203) 272-2761

Approved: \_\_\_\_\_ Unapproved: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

2. Inland Wetlands Enforcement Officer

Approved: \_\_\_\_\_ Unapproved: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

3. Land Use Inspector

Approved: \_\_\_\_\_ Unapproved: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

4. Zoning Enforcement Officer

Approved: \_\_\_\_\_ Unapproved: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

5. Assistant Director of Public Works

Approved: \_\_\_\_\_ Unapproved: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_