

Planning and Zoning Commission

Borough of Stonington

P.O. Box 95

Stonington, CT 06378

(860) 535-1298

ZONING APPLICATION

Please leave this section blank

Date Received: _____ Application # _____

General Information: *Please fill in all applicable spaces*

Property Address: _____

Zone Designation: _____ Map _____ Block _____ Lot _____

Application/Agent: _____

Address: _____

Signature: _____

Property Owner: _____

Address: _____

Signature: _____

Proposed Activity or Construction: *Please fill in all applicable spaces*

Fence (less than four feet in height/location plan required) _____

Sign (include dimensioned drawing of proposed sign and support) _____

Home Occupation (describe in detail with sketch of home) _____

Other (describe in detail) _____

Date: _____ **Approved:** _____ **Denied:** _____

Zoning Officer: _____