

## APPLICATION FOR A ZONING PERMIT: Non-Residential Use

*NOTE: All applications to be reviewed for decision by Planning & Zoning Commission at a meeting.*

Today's Date: \_\_\_\_\_

PURPOSE OF PERMIT: (please circle one) EXPANSION OF EXISTING USE / CHANGE OF BUSINESS

BUSINESS TYPE: (Please attach additional requested information)

PROPOSED BUSINESS NAME: \_\_\_\_\_

STREET LOCATION: \_\_\_\_\_  
                                     number/unit                                      street

MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

By signing this form, you agree to allow members of the Commission and/or the Zoning Enforcement Officer access to the property to evaluate the application or conditions of the application, if necessary.

APPLICANT'S NAME/ADDRESS: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

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

PROPERTY OWNER'S NAME/ADDRESS: \_\_\_\_\_

PROPERTY OWNER'S SIGNATURE OF APPROVAL: \_\_\_\_\_

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

**Submit proof of ownership (Deed) if new owner.**

**OTHER NECESSARY APPROVALS:** Please attach written approval(s) or correspondence.

Approval from Health Department: Yes \_\_\_ No \_\_\_ N/A \_\_\_

Other, please specify: \_\_\_\_\_

If the information provided by the applicant subsequently proves to be false, deceptive, incomplete and/or inaccurate, this permit may be modified, suspended, or revoked.

Date of PZC Approval: \_\_\_\_\_

Details of PZC Decision: \_\_\_\_\_

Permit issued by: \_\_\_\_\_  
Zoning Enforcement Officer \_\_\_\_\_ Date \_\_\_\_\_

APPLICATION FOR A ZONING PERMIT: New Business  
See attached page for fees and additional requested information.

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**Both the applicant and property owner signatures are required.** If the property owner is not available, the attached Written Consent Form will need to be completed by the owner.

**Please include a written description of the following information so the Planning & Zoning Commission can understand what is being proposed; attach additional pages if necessary.**

1. What land use is your proposed business replacing? \_\_\_\_\_  
\_\_\_\_\_
2. Description of Business: What is the nature of the business and work to be done out of this space? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Will customers be coming in? \_\_\_\_\_
4. What are the hours the business will be open? \_\_\_\_\_
5. How many employees are planned to work at this office? Part-time/Full-time? \_\_\_\_\_
6. Parking
  - a. How many parking spaces are provided for employees and customers and where are they located? \_\_\_\_\_  
\_\_\_\_\_
  - b. Is there currently enough parking on-site for your business or will changes to the parking lot be needed? \_\_\_\_\_
7. Sign (if proposing any new signs):
  - a. If applicable, how many signs will you be installing, including all types? (Please refer to the Zoning Regulations, Article I, Section 16.B Non-Residential Signs). The sign proposal can be included in the permit application. If one is not included with the application, a separate permit will be required.  
Please provide the following information:
  - b. Where will the sign(s) be located? \_\_\_\_\_
  - c. What are the dimensions of the proposed sign(s)? \_\_\_\_\_
8. Are any interior renovations planned for this space? If so, please contact the Building Department at 860.928.1388 x328 for further information.
9. **NOTE:** If any proposed work needs approval from the local health department, such approval is required to obtain a Zoning Permit.
10. Please explain any licensing, state, or health department requirements, if applicable: \_\_\_\_\_  
\_\_\_\_\_
11. Please describe any pertinent details about the new business: \_\_\_\_\_  
\_\_\_\_\_

For more information on fees, please refer to the Ordinance Establishing Individual Cost-Based Fees for Municipal Land Use Applications, Revised December 7, 2011, effective 15 days after publication.

APPLICATION FOR A ZONING PERMIT: Non-Residential Use  
**Zoning Permit Fee Calculation Sheet**

*NOTE: All applications to be reviewed for decision by Planning & Zoning Commission at a meeting.*

Planning & Zoning Commission meetings are held on the third Thursday of the month, at 7:30 pm. All completed applications should be received no later than ten (10) days prior to the scheduled meeting. Meeting agendas are posted on the Town Hall website.

Please note:

1. The applicant or applicant's representative should attend the meeting to answer questions the Commission may have. Please contact the ZEO should no one be available. The ZEO will explain the business application on your behalf providing the above-requested information has been provided.
2. Fees are required to be paid prior to issuing a permit.

**Itemized Fee Detail**

(Complete all sections that apply to application)

**Residential Uses**

|   |       |  |
|---|-------|--|
| New Residential Construction (includes driveway permit)             | \$150 |  |
| Garage/Outbuilding (> 200 SF)                                       | \$75  |  |
| Addition (covered or enclosed space attached to original structure) | \$75  |  |
| Accessory Apartment   | \$75  |  |
| Accessory Structure (< 200 SF) / Deck                               | \$25  |  |
| Agricultural Building   | \$25  |  |
| Swimming Pool (above ground & in ground)                            | \$25  |  |

**Non-Residential Uses**

|                   |       |  |
|-------------------|-------|--|
| Commercial Permit | \$150 |  |
| Home Occupation   | \$20  |  |
| Business Permit   | \$25  |  |
| Sign Permit       | \$20  |  |

**State Fee**

|  |      |  |
|--|------|--|
| Additional (as may be amended and required by state) | \$60 |  |
|--|------|--|

**Total**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**PROPERTY OWNER'S WRITTEN CONSENT FORM**

**For all applications submitted to Woodstock Planning & Zoning Commission**

Application Type, check as applicable:

☐ Subdivision / Re-subdivision

☐ Zone Change

☐ Special Permit

☐ Activity on a Scenic Road

☐ Other, please specify: \_\_\_\_\_

To Whom It May Concern:

Please be advised, I, \_\_\_\_\_, legal property owner(s)  
of:

**Location of Property**

Street: \_\_\_\_\_

Map No. \_\_\_\_\_ Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_ as recorded in the Town of Woodstock Assessor's  
Office, do hereby authorize \_\_\_\_\_ to act as my  
authorized agent to apply for the above-referenced application(s).

- In evaluating this application, I realize the Planning & Zoning Commission has relied on information provided by the authorized agent, and, if such information subsequently proves to be false, deceptive, incomplete and/or inaccurate, this permit/application may be modified, suspended or revoked.
- The undersigned affirms that the information supplied in the completed application is accurate to the best of his/her knowledge and belief.

**Signatures:**

**Legal Property Owner**

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

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

**Authorized Agent**

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

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

\*Please have all owners sign the form, using additional pages if necessary.