



Planning Department · Hamden Government Center
 2750 Dixwell Avenue · Hamden, CT 06518
 Phone (203) 287-7070 Fax (203) 287-7075
 www.hamden.com

TOWN OF HAMDEN ZONING PERMIT APPLICATION

INSTRUCTIONS

Below please find a list of the materials to be submitted to the Planning Office. It is your responsibility to provide all of this information. Town staff will be happy to answer your questions, it is not the function of the staff to either prepare the information or assure its accuracy. Hamden Zoning Regulations are available online at www.hamden.com.

Application Fee Schedule (subject to change)

RESIDENTIAL	
Residential Sign	\$130
One Family Dwelling	\$130
Two Family Dwelling	\$150
Three Family Dwelling	\$170
Accessory Structures and other	\$90
Nonprofit Residential Multi-family	\$60 plus \$3 per unit (\$100 minimum/ \$1500 maximum)
COMMERCIAL/BUSINESS	
All Non-profit Permits	No cost
Signs	\$180
Continuations or Reuses	\$200
Office, Retail, Restaurant, Other (new)	\$80 plus \$15 per 1,000 square feet
Mixed Use (Commercial/Residential) (new)	\$ 55 plus \$5 per dwelling unit plus \$15 per 1,000 square feet
Manufacturing/Warehousing (new)	\$ 80 plus \$15 per 1,000 square feet
Multi-family Dwellings (new)	\$80 plus \$15 per unit
Parking Lots	\$2 per parking space

1. One (1) original and two (2) copies of the following information must be submitted. This application packet is not complete and **CANNOT BE APPROVED** until all of the required materials are submitted.
 - a. **Application form** to be completed by applicant.

b. **Plot Plan**

- All existing and proposed buildings and structures and their dimensions, including pools, detached garages and sheds. Proposed additions or structures shall show distance to property lines (front, side and rear yards).
- Size and dimensions of lot and existing and proposed lot coverage.
- Plot plan must be based on a survey prepared by a licensed Surveyor or Civil Engineer. However, for minor additions, renovations or structures, the attached plot plan will be acceptable.

c. **Scaled Floor Plans** whether new construction, alteration and/or addition.

- d. **Elevation Drawings** showing building height based on the vertical distance of a building measured from the average elevation of the finished grade adjacent to the exterior walls of the building to the highest point of the roof, including any parapet. In the case of a flat roof, to the top of the lower slope of a mansard roof, and the average height between the eaves and the ridge of a gable, hip or gambrel roof or other roof types. When the finished ground level slopes away from an exterior wall, the vertical distance will be calculated based on the lowest points within the area between the building and the lot line or, when the lot line is more than ten feet from the building, between the building and a point ten feet from the building.

- Maximum height for residential homes is 35 feet, measured at the mid-point of peaked roofs.
- Maximum height for accessory structures located in the required rear yard is 15 feet, measured at the mid-point of peaked roofs..

2. If **Variances** were granted for the property, buildings and/or additions, submit two (2) copies of the recorded variance with the Town Clerk's stamp.

3. **Corner Lot** – Pursuant to Table 2.3, *Figure 2.1a*, and the form-based graphics for T-3, T-3.5, T-4 and T-5 of the Hamden Zoning Regulations:

On a corner lot, front yards are required on both street frontages. One of the front yards shall be as required by the applicable district. The other front yard shall not be less than half the sum of the side yard and the front yard required by the applicable district. The yard opposite the primary front yard shall be deemed to be the rear yard.

4. **All maps must be folded** not to exceed the dimensions of 11½ x 9 ½". Fold maps so that the title block is face up.

5. For any change(s) of use, installation or expansion on a property with a **septic system and/or well water requires approval by the Quinnipiac Valley Health District (QVHD).** Receipt of approval must be submitted along with this application. QVHD can be reached at:

1151 Hartford Turnpike
North Haven, CT 06473
Phone 248-4528
Fax 248-6671

ZP# _____

**TOWN OF HAMDEN ADMINISTRATIVE ZONING PERMIT
AND APPROVAL FOR APPLICATION FOR A BUILDING PERMIT**

This permit is hereby applied for in accordance with the requirements of the Hamden Zoning Regulations, Inland Wetland Regulations, and other land use regulations as applicable, per plans attached.

PROPERTY ADDRESS _____ ZONING DISTRICT _____

Spring Glen Village District Newhall Design District

PROPERTY OWNER _____ PHONE # _____

PROPERTY OWNER ADDRESS _____

Type of Permit: New Construction Swimming Pool Change of Use Addition Other
 Sign Excavation/Fill Accessory Building/Structure Continuation

Description of activity for which the permit is sought:

Property Use: Single Family Commercial Mixed Uses Non-profit
 Multi-family Manufacturing 2 – 3 Family Other
Utilities: Public Water Well Septic Sewer

This zoning permit and approval for issuance of a building permit is based on the plot plan and information submitted by applicant. This permit is subject to all conditions (if any) of approval, attached by any board/commission and/or department of jurisdiction. Falsification by omission or misrepresentation, or failure to comply with the conditions of approval or record, shall constitute a violation of the Hamden Zoning Regulations. Applicant certifies that property owner approves of this application.

Applicant SIGNATURE _____ Date _____ Email _____
Owner/Agent

PRINTED NAME _____

ADDRESS _____

TELEPHONE # _____ FAX _____

P & Z Approvals(s): Site Plan Special Permit Re-subdivision Subdivision
 O.S.D. C.A.M. A.P.Z. Flood Hazard Area
 Flood Plain Substantial Improvement

ZBA Variance (s) #: _____ Granted on: _____

A check mark indicates that a signature is required. Permit is not valid without all required signatures.

<input type="checkbox"/> Engineering	_____	Town Engineer	Date _____
<input type="checkbox"/> GNHWPCA	_____	Authorized Agt.	Date _____
<input type="checkbox"/> Quinnipiack Valley Health	_____	Authorized Agt.	Date _____
<input type="checkbox"/> Fire Department	_____	Fire Marshall	Date _____
<input type="checkbox"/> Inland/Wetlands	_____	Authorized Agt.	Date _____
<input type="checkbox"/> Police/Traffic	_____	Authorized Agt.	Date _____
<input type="checkbox"/> Tax Department	_____	Tax Collector	Date _____

Permit Issuer/Planning Office	_____	Name	Fee _____
	_____	Title	Date Paid _____
	_____	Date	Receipt # _____

Restrictions:

PLOT PLAN

Please include the dimensions of all structures on property.

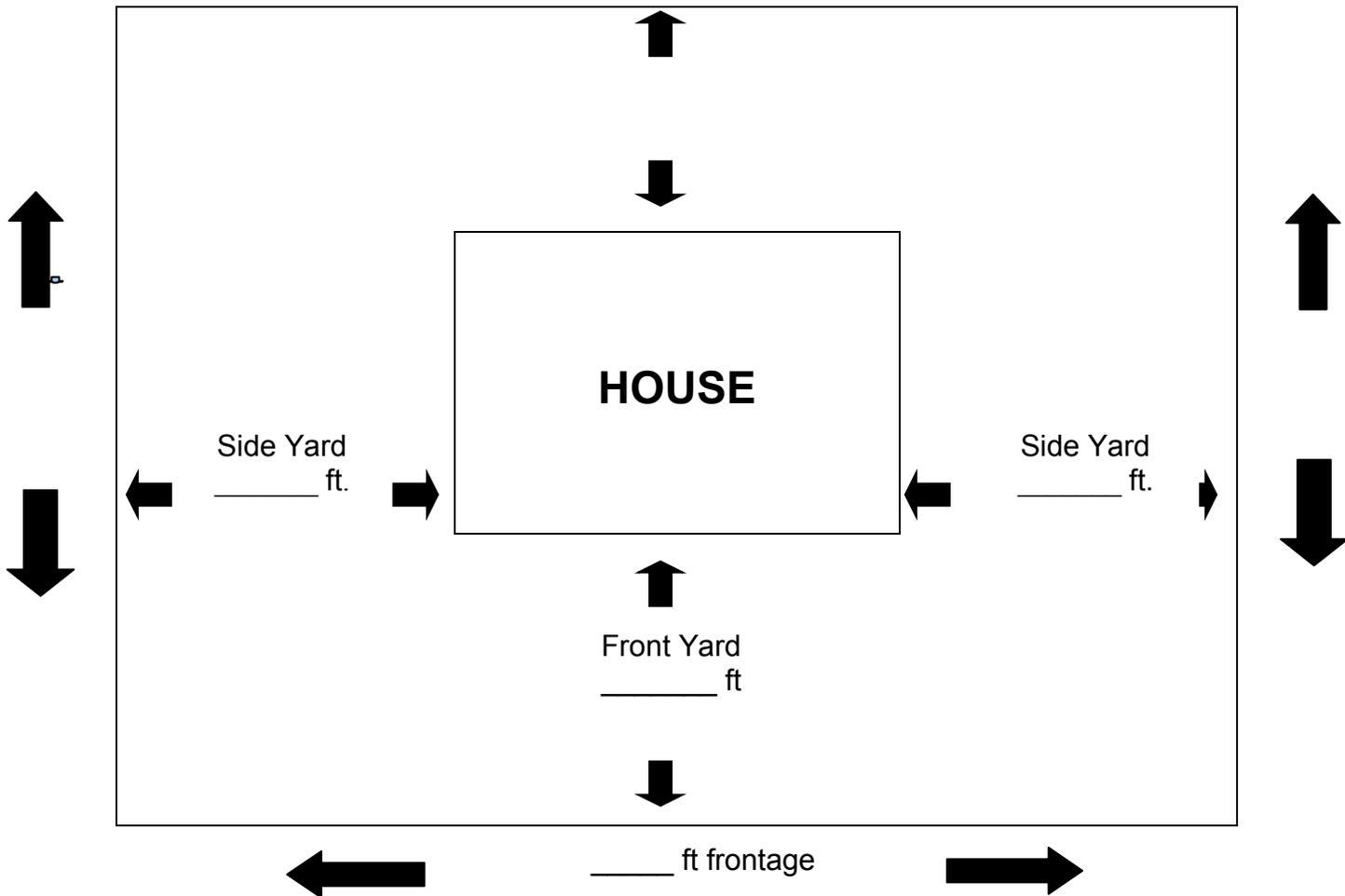
DATE _____ PERMIT No. _____

ADDRESS _____

HOUSE NUMBER _____ LOT NUMBER _____ MAP _____

INTERIOR or CORNER LOT _____ ZONE _____

INDICATE NORTH



Distance from front of house to:

SIDEWALK _____ ft. Curb Line _____ ft. STREET _____ ft.

I certify the information above is correct:

Name: _____

Address: _____

Telephone: _____

**If submitting a Site Plan prepared by a professional, this form may not be necessary.*