

Building Permit No. _____

Date of Application: _____

Application for Public or Private Swimming Pool Permit

Town of East Lyme Building Department, 108 Pennsylvania Avenue, Niantic, CT 06357

Telephone: (860) 691-4114 Fax: (860) 691-0351

Application must be filled out completely in ink

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> OTHER
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Job Location: _____ Assessor's Map _____ Lot _____

Property Owner's Name _____ Phone No. _____

Property Owner's Address _____

Contractor's Name _____ TEL No. _____ STATE LICENSE No. _____

Contractor's Address _____ City: _____ ST _____ ZIP _____

Above Ground <input type="checkbox"/>	Size: _____	In-ground <input type="checkbox"/>	Size _____
Will Pool have underwater lighting Yes <input type="checkbox"/> or <input type="checkbox"/>			

Engineered Pool Diagram must accompany this application. This is available from your pool supplier

Protection of Pool and all sources of entry must be provided in accordance with Section AG105 of the 2003 IRC. Pools are not to be excavated and filled with water until such protection is in place.

A complete pool barrier plan must be provided with this application.

Pool entry Alarm is REQUIRED as of 10/01/1999

Applicant must call to schedule inspections including trench for underground wiring and gas piping.

CERTIFICATION: I HEREBY CERTIFY THAT: I AM THE OWNER OF RECORD OF THE NAMED PROPERTY OR THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND/OR I HAVE BEEN AUTHORIZED TO MAKE THIS APPLICATION AS AN AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS, REGULATIONS AND ORDINANCES. ALL INFORMATION CONTAINED WITHIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Applicant Signature: _____ Date: _____

Applicant Address: _____

Please Print Name: _____ Phone: _____

Estimated Value of Work: \$ _____

Permit Fee: \$ _____

State Education Fee: \$ _____

Total Due \$ _____

Approved by: _____ Date: _____

(building official)

*****Town of East Lyme

P.O. BOX 519
Niantic, CT 06357
(860) 691-4114
Fax: (860) 691-0351

Zoning Permit # _____

Date Entered into ZP Log _____

ZONING PERMIT

Date: _____ Assessor's Map/Lot/Unit #: _____

Affected Property Address: _____

Type of Project{Description of Work}: _____

Property Owner's Name: _____ Phone #: _____

Property Owner's Address: _____

Applicant's Name: _____ Phone #: _____

Applicant's Address: _____

PLEASE COMPLETE THE BACK OF THE FORM NOW, THEN, SIGN BELOW!!!

Site plan/Plot Plan attached? YES NO

CERTIFICATION:

I HEREBY CERTIFY THAT:

____ I AM THE OWNER OF RECORD OF THE NAMED PROPERTY OR

____ THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND/OR I HAVE BEEN AUTHORIZED TO MAKE THIS APPLICATION AS AN AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS, REGULATIONS AND ORDINANCES. ALL INFORMATION CONTAINED WITHIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Owner's Signature: _____

Applicant's Signature: _____

Permit Fee: \$ _____

State Fee: \$ _____

Total: \$ _____

ZONING PERMIT Page 2

Approval is based on documentation provided by the applicant. Applicant is responsible to provide accurate and true documentation on plot plan/site plan.

Zone _____ Use _____ Lot Coverage _____
Height _____ Front Yard _____ Side Yard _____ Rear Yard _____

Primary Aquifer? YES _____ NO _____

Secondary Aquifer? YES _____ NO _____

CAM-within boundary? YES _____ NO _____

Review Required _____ Exemption _____

Flood HAZARD-FIRM Community Map Panel No. _____ FIRM Zone _____

Site Plan Review Req. {CA-CB-CM} by Zoning Commission _____ ZEO _____ N/A _____

D.O.T. Traffic Generator Certification Required? YES _____ NO _____

Soil Erosion and Sediment Control: _____

Application is: APPROVED DENIED

Comments/Conditions:

Date: _____

East Lyme Zoning Enforcement Officer

CRS# _____

BUILDING PERMIT NO. _____

DATE OF APPLICATION: _____

Application for Electrical Permit

Town of East Lyme Building Department, 108 Pennsylvania Avenue, Niantic, CT 06357
Telephone: (860) 691-4114 Fax: (860) 691-0351

Application must be filled out completely in ink

<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INDUSTRIAL	<input type="checkbox"/> OTHER
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JOB LOCATION: _____ Assessor's Map _____ Lot _____

Property Owner's Name _____

Property Owner's Address _____

Contractor's Name _____ TEL No. _____ ST LICENSE No. _____

Contractor's Address _____ City: _____ ST _____ ZIP _____

Description of work to be performed: _____

CERTIFICATION: I HEREBY CERTIFY THAT: I AM THE OWNER OF RECORD OF THE NAMED PROPERTY OR THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND/OR I HAVE BEEN AUTHORIZED TO MAKE THIS APPLICATION AS AN AUTHORIZED AGENT, AND WE AGREE TO CONFORM TO ALL APPLICABLE LAWS, REGULATIONS AND ORDINANCES. ALL INFORMATION CONTAINED WITHIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Applicant must call to schedule inspection AFTER permit is issued, including trench for underground service

Applicant Signature: _____ Date: _____

Applicant Address: _____

Please Print Name _____ Tel. No. _____

If not a prepaid application as indicated by the Building Permit number above, please provide an:

Estimated Value of Work \$ _____

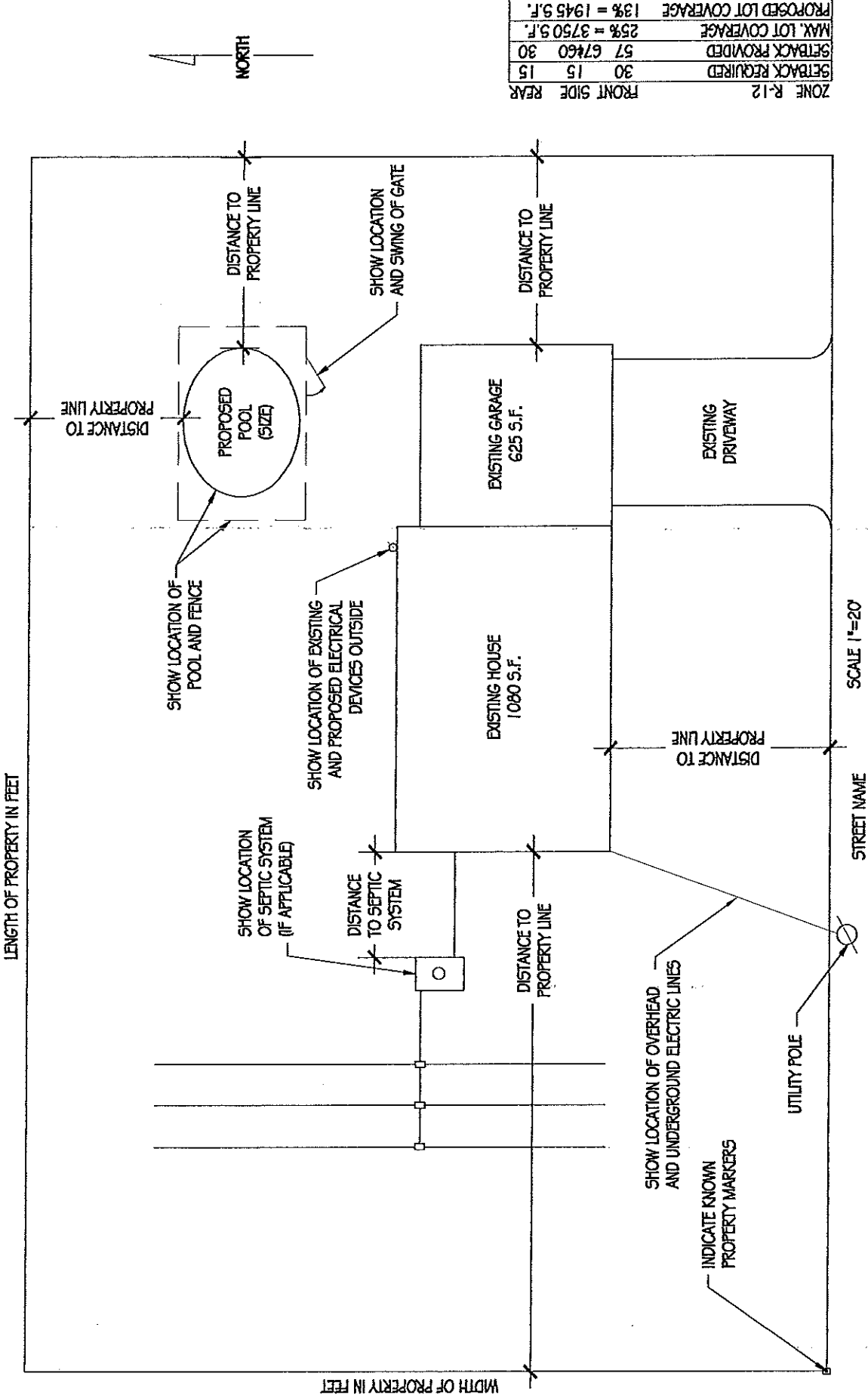
Permit Fee \$ _____

State Education Fee \$ _____

Total Due \$ _____

Approved: _____ Date: _____

(building official)



ZONE R-12	FRONT SIDE	REAR
SETBACK REQUIRED	30	15
SETBACK PROVIDED	57	67+60
MAX. LOT COVERAGE	25% = 3750 S.F.	
PROPOSED LOT COVERAGE	13% = 1945 S.F.	

TYPICAL SITE PLAN DRAWN TO SCALE (INDICATE SCALE)
 FOR A POOL - PLEASE REFER TO BOTH THE BUILDING AND ZONING
 REGULATIONS WHEN CREATING THE SITE PLAN.