



DEPARTMENT OF COMMUNITY SERVICES
PLANNING DIVISION
TOWN OF WEST HARTFORD
50 SOUTH MAIN STREET
WEST HARTFORD, CT 06107-2431
TEL: (860) 561-7555 FAX: (860) 561-7504
www.westhartford.org

PERMIT APPLICATION FOR: (check one of the following)

- Lot Split Special Use Permit Site Plan
 Lot Line Revisions Subdivision Building Line

File # _____ Application Fee _____ Surcharge Fee _____ Date Received _____

Street Address _____

Lot or Parcel # _____ Acreage/Lot Area _____ Zone _____

Applicant's Interest in Property: _____

Brief Description of Proposed Activity: _____

The undersigned warrants the truth of all statements contained herein and in all supporting documents to the best of his/her knowledge and belief. Furthermore, the applicant agrees that submission of this document constitutes permission and consent to Commission and Staff inspections of the site. *Note: Notice is hereby given the Connecticut Department of Public Health must be notified by applicants for any project located within a public water supply aquifer protection area or watershed area. (CTDPH website at <http://www.dph.state.ct.us>)*

Record Owner's Name

Applicant's Name

Street

Street

City State Zip

City State Zip

Telephone #

Telephone #

Contact Person:

Name

Applicant's Signature

Street

Signature of Owner/Authorized Agent

City State Zip

Telephone #

E-Mail