



**TOWN OF WOODBRIDGE
BUILDING DEPARTMENT**
11 Meetinghouse Lane, Woodbridge, CT 06525
203. 389.3419 Phone 203.389.3480 Fax

ZONING PERMIT APPLICATION

Please print following information.

Date _____

Application is hereby made to the Zoning Enforcement Officer, agent for the Board of Selectmen, to

___ Construct ___ Erect ___ Install a _____

Property Address _____

Street Number Street Name Zip Code

Cell Phone # (____) _____

Name of Owner _____ Telephone # (____) _____ (H/W)

Address of Owner _____

Street Town Zip Code

Cell Phone # (____) _____

Name of Agent _____ Telephone # (____) _____ (H/W)

Address of Agent _____

Street Town Zip Code

Zone _____ Width of Lot _____ Depth of Lot _____ Area _____

Front Yard _____ Rear Yard _____ Side Yard _____

Size of Structure _____ Area of Structure _____ Stories _____ Height _____

Type of Construction _____ Use of Construction _____

TOWN PLAN & ZONING COMMISSION DATE OF APPROVAL _____

___ NOT APPLICABLE

INLAND WETLANDS AGENCY DATE OF APPROVAL _____

___ NOT APPLICABLE

ZONING BOARD OF APPEALS DATE OF APPROVAL _____

___ NOT APPLICABLE

REMARKS _____

Signature: _____

Owner (circle one) Applicant

Telephone # (____) _____