

# Town of Weston, Land Use Department

Town Hall Annex, P.O. Box 1007, Weston, CT 06883

Telephone: (203) 222 2618 email: landuseadmin@westonct.gov

## CONTACT INFORMATION / OWNER AUTHORIZATION

**Project Address:** \_\_\_\_\_  
Street address of project (If no number assigned to the property, use Assessor's Map/Block/Lot)

Weston

CT

06883

**Land Use Applications (check all that apply):**

**Description of Proposed Work:**

Zoning Permit | Special Permit | Site Plan

Flood Zone | Inland Wetlands | Soil Disturbance

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's/Agent's Information:** Contact person for above applications  The applicant is Owner)

Name: \_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Company \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
Town / City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Email: \_\_\_\_\_

### Property Owner's Authorization

I / We hereby declare:

1. That [ I am the Owner] [we are the Owners] of the premises described as *Project Address* above.
2. That the *Applicant/Agent* indicated above, is duly authorized on [my] [our] behalf to execute all *Land Use Applications* required by the Planning and Zoning Commission in order to obtain the necessary permit(s) to commence construction of the *Proposed Work* described herein.

\_\_\_\_\_  
Owner's Signature\*      / /  
Date

\_\_\_\_\_  
Applicant/Agent's Signature      / /  
Date

**Owner's Information:**  I / we request to be included in all correspondence regarding above applications

Name: \_\_\_\_\_ell Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Company \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_