

**BRISTOL ZONING BOARD OF APPEALS
CITY OF BRISTOL, CONNECTICUT
APPLICATION FOR CERTIFICATE OF APPROVAL**

<i>For Office Use Only</i>
APPLICATION NO. _____
DATE FILED: _____
DECISION DATE: _____
DECISION: _____

The undersigned Applicant hereby applies to the Bristol Zoning Commission for a Certificate of Approval as required by the Connecticut General Statutes.

Type of License (check all that apply): [] New Car Dealer [] General Repairer
[] Used Car Dealer [] Limited Repairer

Address or Location of the Property: _____

Assessor's Map No.: _____ Assessor's Lot No.(s): _____ Zone of the Property: _____

APPLICANT (If more than one, list on Page 2)

Name: _____ Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No.: _____ E-Mail: _____

Signature: _____ *Signature – (Printed/Typed)* _____

CHECK ONE: [] owner [] other (specify): _____

OWNER(S) OF RECORD (If other than Applicant; if more than one, list on Page 2)

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone No.: _____ E-Mail: _____

Signature: _____ *Signature – (Printed/Typed)* _____

The following shall be included as part of this application:

- filing fee – \$310 – make checks payable to "City of Bristol"
- four copies of a map or plan drawn to scale, clearly showing the Property and including, at a minimum, all the information required below:
 - name of the property owner
 - address of the property
 - north arrow (approximate)
 - property lines (including length)
 - lot area (in square feet or acres)
 - any significant features (e.g., streams, large trees, fences)
 - existing and proposed buildings and structures
 - driveways; parking spaces
- any other data and drawings as may be relevant to this application

THIS APPLICATION MUST BE FILED IN PERSON NO LATER THAN 12 NOON ON THE DEADLINE DAY FOR APPLICATION SUBMISSION – NO EXCEPTIONS

**CITY OF BRISTOL, CONNECTICUT
SUPPLEMENTARY INFORMATION**

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APPLICATION NO. _____

Address or location of property: _____

ADDITIONAL INFORMATION/COMMENTS (click inside the box below and begin typing)

ADDITIONAL APPLICANT

Signature – (Printed/Typed) _____

Name: _____ Signature: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone No.: _____ E-Mail: _____

CHECK ONE: [] owner [] other: _____

ADDITIONAL OWNER(S) OF RECORD

Signature – (Printed/Typed) _____

Name: _____ Signature: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone No.: _____ E-Mail: _____

Signature – (Printed/Typed) _____

Name: _____ Signature: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone No.: _____ E-Mail: _____

(OPTIONAL) SEND COPIES OF ALL CORRESPONDENCE TO:

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Telephone No.: _____ E-Mail: _____