CITY OF HARTFORD- DEPARTMENT OF DEVELOPMENT SERVICES
PLANNING DIVISION

ZONING PERMIT CHECKLIST

ZONING PERMITS ARE REQUIRED AS FOLLOWS (SEC. 1.3.2)

☐ Before the issuance of a building permit, by notation on the building permit form

☐ For a change of use if no building permit is required

☐ A separate zoning permit, if no building permit is required

☐ To allow an accessory use in connection with lawfully established principal use per **Sec. 3.4.1**

☐ For temporary events per **Sec. 3.7**

- **Complete applications must include all required materials.**
- **Applications must also include an electronic copy of all documents and 1 set of printed drawn plans.**
- **Once approved, applicants must submit 3 copies of final plans and 1 electronic copy. If seeking a building permit 4 paper sets are required.**
- **Physical copies of plans must be drawn to a scale, and sized in 18X24 or 24X36 format.**

PLEASE INCLUDE THE FOLLOWING:

Speak with a Planner to determine the requirements for the project.

☐ **Zoning Permit Application**

☐ State of CT Liquor Permit

☐ Plot Plan showing all existing and proposed building and structures and their dimensions, including pools, detached garages, sheds, patios, decks

☐ Scaled Floor Plan(s)indicating use and size of all spaces

☐ Elevation Drawings showing building height based on building type requirements in **Sec. 4.0**

☐ If a variance was granted, provide recorded copy

☐ Sign Drawings with dimensions, include sign type, and location of sign

☐ Aerial photo or GIS map of garden beer location, showing a fenced area around the beer garden, and size and dimension of garden area

☐ Full Menu (For Restaurant Use, and Restaurants with drinking)

☐ Security Plan (for temporary liquor permits)

☐ Odor Control Plan

☐ Ventilation Plan

☐ Noise Mitigation Plan

☐ Material Characteristics

☐ Waste Disposal Plan

☐ Transportation Study

☐ Security Plan

☐ Other: _____

☐ Other: _____

FOR OFFICE USE ONLY

Checklist Distribution Date:_____

Pre Meeting Date:_____

Property/Address: _____
Proposed Use/ Project: _____
Zone: _____

Staff Reviewer Name: _____

Application Complete: _____

Staff Reviewer Name: _____