



**Town of Stafford Connecticut**  
 1 Main Street, Warren Memorial Town Hall Stafford Springs, CT 06076  
 PLANNING & ZONING COMMISSION (860) 684-1793 • Fax (860) 684-1768

## TENANT FIT UP

ADDRESS OF PROPERTY \_\_\_\_\_

TAX MAP \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_

NAME OF TENANT'S BUSINESS: \_\_\_\_\_

PREVIOUS USE OF TENANT SPACE: \_\_\_\_\_

PROPOSED USE OF TENANT SPACE: \_\_\_\_\_

AREA OF TENANT'S SPACE IN SQUARE FEET: \_\_\_\_\_ sq. ft.

DESCRIPTION OF PROPOSED CHANGES TO TENANT SPACE: \_\_\_\_\_

Additional information may be necessary to determine compliance. Any new signs or change in signage will require approval of a certificate of zoning compliance and a building permit.

**The undersigned states that the information submitted with this application is correct and acknowledges that any approval based on erroneous or incomplete information shall be null and void.**

Tenant's Name _____	Property Owner _____
PLEASE PRINT	PLEASE PRINT
Address _____	Address _____
Phone _____	Phone _____
E-mail _____	E-mail _____
<b>Signature</b> _____	<b>Signature</b> _____

Building Department: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Building permits must be obtained for the above described changes.

\_\_\_\_ Reference permit# \_\_\_\_\_

\_\_\_\_ Building permit not required for the above described changes.\*\*

Zoning Department: \_\_\_\_\_ Date \_\_\_\_\_

David Perkins, Zoning Enforcement Officer

\_\_\_\_ Use covered by previous Site Plan/Special Exception

\_\_\_\_ Site Plan/Special Exception approval required.

**\*\*Please note existing building & fire code violations may exist on the property that must be properly abated when discovered. A site visit by the building and fire code official is recommended prior to opening.\*\***

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# *Town of Stafford*

## *Connecticut*

*1 Main Street, Warren Memorial Town Hall  
Stafford Springs, CT 06076-1208*

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## Tenant Fit-up

1. Determine if the structure is served by sewers or septic system, (if served by a septic system approval from **NCDHD** is required to be submitted).
2. Determine if your project will require a food service or cosmetology license? If yes, approval from **NCDHD** is required to be submitted.
3. Determine if your parcel is located within a flood hazard area as defined by **FEMA** mapping. If yes a flood hazard application will be required to be submitted.
4. Determine which Zone the property is **located in**. Please complete and submit Zoning application for Tenant Fit Up. If your project does not conform to the Zoning Regulations, you will need to modify your plans to address these requirements unless you have a valid property related hardship and you apply for and are successful in obtaining a variance from the Zoning Board of Appeals. Please consult with the Zoning Enforcement Officer in such a situation.
5. If any site changes are proposed, develop and submit a plot plan or survey depicting the proposed changes to the site.
6. Complete and submit a Building permit application form as the owner of the property, licensed contractor or agent representing the owner of the property or licensed contractor. If filing an application as an agent for the property owner or license holder an Agent letter with original signature from property owner or licensed contractor is required to be submitted.
7. Complete and submit construction drawings pertaining to your project. Drawings submitted must demonstrate compliance with the State Building Code.
8. Submit proof of **Certificate of Liability Insurance**.
9. Submit copy of Major Contractor's license issued by CT Department of Consumer Protection.

Authorization Letter For Permit Application

Date \_\_\_\_\_

Property Owner \_\_\_\_\_

Address \_\_\_\_\_

Address of Proposed Work \_\_\_\_\_  
Stafford Springs, CT \_\_\_\_\_

To whom it may concern,

This letter authorizes \_\_\_\_\_ to obtain and sign a permit application from the Building Official on my behalf for the proposed address of work stated above. The description of the job or proposed works is as follows; \_\_\_\_\_

\_\_\_\_\_

Start Date \_\_\_\_\_

Contractor \_\_\_\_\_

License Number \_\_\_\_\_

**X**  
\_\_\_\_\_  
Signature of OWNER Applicant