COMBINED APPLICATION FOR ZONE CHANGE TO AND APPROVAL AS, AN INTERCHANGE SPECIAL DEVELOPMENT DISTRICT AND APPROVAL OF INTERCHANGE SPECIAL DEVELOPMENT PROJECT

Pursuant to the Zoning Regulations of the Town of Cheshire, as amended, the undersigned makes application for an Interchange Special Development Project for the property described below:

Street Address__________________________________________

Approx. No. of Acres_________________________ Zone________

Assessor’s Map No(s)_________________________ Lot No.________

Description of Project/Intended Use______________________________

The following items, as required by Section 45B, are attached (unless waived by the Planning and Zoning Commission)

1. **Site Map**: The applicant shall submit **9 copies** of a site map containing information developed in Section 45B.3.1B.

2. **Architectural Plans**: Conceptual architectural elevations including signage. **9 copies**

3. **Special Regulations**: A proposed set of special regulations containing information developed in Section 45B.3.2. **16 copies**

4. **Special Development Plan**: A plan of the entire Interchange Special Development Project showing, in schematic fashion, the areas of proposed development with information developed in Section 45B.3.3. **9 copies**

5. A copy of the Water Pollution Control Authority approval or Letter of Feasibility. **1 copy**

6. All reports and required information under Section 45B.5.1.

(over)
7. (Base fee $500.00 plus $175.00 Public Hearing Fee plus $60.00 required State Fee. Total: $735.00 made payable to “Collector, Town of Cheshire”.

8. In order to facilitate the filing of your approval on the Cheshire Land Records, the following information is required: the Volume and Page Number of the deed to your property as it is filed on the Cheshire Land Records.

VOLUME (s)______________________ PAGE NO.(s)____________________

ALL APPLICANT’S—PLEASE COMPLETE THE FOLLOWING:

Applicant’s Name______________________________________________
(Print or Type)

Applicant’s Signature__________________________________________

Applicant’s Address____________________________________________

Telephone No.__________________ Cell Phone__________________ Fax__________________

Owner’s Name________________________________________________
(Print or Type)

Owner’s Signature_____________________________________________

Agent, if other than applicant to be contacted with regard to this application:

Name________________________________________________________

Address_______________________________________________________

Telephone No.__________________ Cell Phone__________________ Fax__________________

This application must be filed in the Planning Office at least seven (7) days prior to the regular Planning & Zoning Commission meeting date.

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