

APPLICATION FOR A SPECIAL PERMIT

Pursuant to the Zoning Regulations of the Town of Cheshire, as amended, the undersigned makes application for a Special Permit for the property described below:

STREET ADDRESS _____

APPROX. NO. OF ACRES _____ ZONE _____

ASSESSOR'S MAP NO.(s) _____ LOT NO.(s) _____

APPLICABLE SECTION(S) OF ZONING REGULATION _____

DESCRIPTION OF PROJECT/INTENDED USE _____

The following items, as required by Section 40.2, are attached (unless waived by the Planning and Zoning Commission:

- (1) 6 copies of a **Site Plan**, drawn to a scale of not more than 100 feet to the inch, showing existing and proposed grade contours, property lines, **the names and addresses of all abutting owners including those across any street determined from the Assessor's records**, building, structures, signs, outdoor illumination, streets, driveways, off-street parking and loading spaces, outside storage areas, water courses, storm drainage, sewage disposal facilities, and water supply facilities. State law requires certain information to be compiled and certified by licensed professionals.
- (2) 6 copies of preliminary **architectural plans** of all proposed buildings, structure and signs, including general exterior elevations, perspective drawings and generalized floor plans and including drawings for proposed signs.
- (3) 6 copies of a detailed **landscaping plan** drawn to a scale of not more than one inch equals one hundred feet, including a plot plan showing: the name and planting size of trees and shrubs, basic contours lawn areas, natural terrain not to be disturbed, and magnetic north. In addition, such plan shall include a planting key listing trees and shrubs with planting size.
- (4) Sanitation Certificate accompanied by Engineer's Report, WPCA approval, or Feasibility letter.

(Over)

- (5) Check, made payable to "Collector, Town of Cheshire", in full payment of fee - \$_____

BASE FEE: Residential \$235.00* plus \$175.00 Public Hearing Fee
Business \$360.00* plus \$175.00 Public Hearing Fee
+ Additions or new buildings of 5,000 sq. ft. or greater shall add an additional fee of \$.05 per sq. ft. of entire building.

*(Includes \$60.00 State of Connecticut fee)

- (6) In order to facilitate the filing of your approval on the Cheshire Land Records, based on Public Act 75-317 of the Connecticut General Statutes, 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)**_____

APPLICATIONS FOR SPECIAL PERMITS WHICH PROPOSE TO CONDUCT NONRESIDENTIAL USES IN RESIDENTIAL DISTRICTS, the following submission (7) is also required:

- (7) An **affidavit**, at least **ten (10) days** before the hearing, stating that notification has been sent to all abutting property owners (including those across the street). The affidavit shall confirm that the notice was mailed at least **fifteen (15) days** prior to the hearing and shall list the names, property addresses and mailing addresses, if different from property addresses. Notification to property owners shall be in the form of letter or postcard and shall specify the date, time, and place of the public hearing.

ALL APPLICANT'S--PLEASE COMPLETE THE FOLLOWING:

Applicant's Name _____
(Print or Type)

Applicant's Address _____

Applicant's Signature _____

Telephone Number _____ 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 Number _____ FAX # _____

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

Disclaimer: Additional information may be required, please contact the Planning office for complete application packets.

THE FOLLOWING IS A CHECK LIST TO ENSURE THAT ALL NECESSARY INFORMATION HAS BEEN FILED WITH THE PLANNING OFFICE:
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Rev. May 15, 2009

PLEASE CHECK ONE
YES NO

- | | | | |
|--|-----|-----|--|
| 1. Is the property or properties located in the Aquifer Protection Zone? | () | () | |
| If “yes”, is the proposed use a regulated activity? (Use involving hazardous materials) (if “yes”, contact the Planning Office) | () | () | |
| 2. Is the property located in the public water supply watershed area? | () | () | |
| If “yes”, has a watershed notification been sent to the RWA? | () | () | |
| 3. Are there any wetlands or watercourses on the property or properties? | () | () | |
| If “Yes”, has an Inland Wetlands/Watercourses permit been filed? – Must be submitted to Inland Wetland & Watercourse Commission prior to filing with the Planning and Zoning Commission. | () | () | |
| If “No”, include a statement on the Site Plan. | | | |
| 4. Is the property located in the Flood Plain? | () | () | |
| If “Yes”, has Section 46 of the Zoning Regulations, “Flood Plain Management”, been addressed? | () | () | |
| 5. Are variances required? | () | () | |
| 6. Is the property located within a public water supply watershed area? (Map located in the Planning Office) (If yes, notification is required to the CT Dept. of Public Health per Public Act 06-53) | () | () | |

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By signing this checklist, I hereby acknowledge full responsibility that the information provided is true and accurate.

Applicant’s Signature

Date

TOWN OF CHESHIRE

APPLICATION CHECKLIST PLEASE INITIAL EACH ONCE COMPLETED

1. _____ Completed application – including owner’s signature(s) as recorded on land records.
2. _____ Check made payable to “Collector, Town of Cheshire”
3. _____ Six (6) sets of plans.
4. _____ Sanitation Certificate **approved** by Chesprocott **or** Letter of Feasibility **MUST BE SUBMITTED WITH YOUR APPLICATION.**
5. _____ Waiver requests if applicable on subdivisions – include the hardship and/or reason for waiver.
6. _____ Enhanced Notice if applicable.
7. _____ Notification to the CT Dept. of Public Health if located within a public water supply aquifer protection area or watershed area.

APPLICATION FOR SANITATION CERTIFICATE (To Be Completed by Applicant)

NAME OF DEVELOPMENT OR PROJECT: _____

STREET ADDRESS: _____

APPROX. NO. OF ACRES _____ ZONE _____ NO. OF LOTS _____

SOURCE OF WATER SUPPLY:

Public Water Supply _____

Community Well _____

Individual Wells _____

METHOD OF DISPOSAL OF SANITARY WASTE:

Connect to Public Sanitary Sewer System _____

Project is Located in Class _____ District

Report by Water Pollution Control Authority Attached _____

Install Dry Sanitary Sewers for Future Connection
and On-site Sub-Surface _____

Sanitary Disposal Systems for Immediate Short-term Use _____

Install On-Site Sub-surface Sanitary Disposal
System for Long-term Use _____

NAME OF APPLICANT: _____

(Print or Type)

SIGNATURE OF APPLICANT: _____

NAME OF OWNER: _____

(Print or Type)

SIGNATURE OF OWNER: _____

(Chesprocott Health District To Complete This Section)

SANITATION CERTIFICATE

I have reviewed the plans for the above project with regard to on-site sewage disposal and have received the following information from a Qualified Connecticut Registered Engineer:

1. Results of Percolation Tests _____
2. Log of Strata Holes _____
3. Results of Rock Probes _____
4. Other _____

It is my opinion that:

_____ Date

Sanitarian, Chesprocott Heath District

This certificate relates only to the feasibility of an on-site disposal system based on information submitted by the applicant's engineer. It does not constitute approval of the design or location of such a system, which must be submitted to Chesprocott Health District after approval of project by the Planning & Zoning Commission.

Date Received by Commission Staff: _____

Date Accepted by Planning & Zoning Commission: _____