

**ZONING BOARD OF APPEALS
CHESHIRE CONNECTICUT**

DATE _____

**APPLICATION FOR APPROVAL OF LOCATION FOR A MOTOR VEHICLE
DEALERSHIP/REPAIR FACILITY IN ACCORDANCE WITH C.G.S. Chapter 246,
Section 14-54**

Applicant _____ Telephone _____

Address _____ E-MAIL _____

Location of Property (if different) _____ Zone _____

Deed to this property located on Cheshire Land Records: Vol. _____ Page _____

Assessor's Map Plate # _____ Lot # _____

Signature of Applicant _____

Signature of Property Owner(s) _____
(as recorded on deed)

PLANNING AND ZONING APPROVAL:

DESCRIPTION: _____

DATE OF APPROVAL: _____

2 copies of Site Plan enclosed. _____

Phone: _____

Agent, if different than applicant _____ e-mail: _____
(NAME)

(ADDRESS)

(CITY)

(STATE)

The application must be received 17 days before the hearing accompanied by a filing fee. Fees (including state fees and required Public Hearing fee) is \$310.00 for residential and \$385.00 for commercial; industrial. Disclaimer: Additional information may be required, please contact the Planning office for complete application packets. Rev. July 2013, Rev. September 2020