



CITY OF WEST HAVEN, CONNECTICUT Planning and Zoning Commission

City Hall | 355 Main Street | Third Floor | West Haven, Connecticut 06516-0312
Phone 203.937.3580 Fax 203.937.3742



CITY HALL 1898-1967

APPLICATION TO PLANNING AND ZONING COMMISSION

APPLICATION FOR:

Rev. 12-13-17

- SUBDIVISION RESUBDIVISION
- SITE PLAN REVIEW
- EROSION AND SEDIMENT CONTROL PLAN
- COASTAL SITE PLAN REVIEW *(Attach Coastal Site Plan Review Application)
- SPECIAL PERMIT (For each of the following types of Special Permit Applications, check appropriate box and attach Supplemental Application. Additional fees may apply.)
 - RESOURCE REMOVAL, FILLING OR GRADING*
 - CERTIFICATE OF APPROVAL OF AUTOMOTIVE LOCATION*
 - APPLICATION FOR LIQUOR PERMIT*
 - APPLICATION FOR VILLAGE DISTRICT REVIEW*

** Add Supplemental Application*

APPLICANT

NAME _____
ADDRESS _____
EMAIL ADDRESS _____ TEL # _____

PROPERTY OWNER

NAME _____
ADDRESS _____

PARTY TO BE NOTIFIED

ATTORNEY OR AGENT _____
ADDRESS _____
EMAIL ADDRESS _____ TEL # _____

SITE ENGINEER

ADDRESS _____

TELEPHONE NUMBER _____

ARCHITECT

ADDRESS _____

TELEPHONE NUMBER _____

LOCATION OF PROPERTY _____

**PLANNING & ZONING APPLICATION
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ZONE _____ WITHIN CAM BOUNDARY? YES NO

RELEVANT SECTION(S) OF ZONING REGULATIONS _____

IS THE PROPERTY LOCATED WITHIN 500 FEET OF ANOTHER TOWN OR CITY?

YES NO

DOES THIS PROPOSAL INVOLVE A BUILDING OR USE IN A HISTORIC DISTRICT

YES NO

DOES THIS PROPOSAL REQUIRE THE APPROVAL OF THE INLAND WETLAND AGENCY? YES NO IF YES, PROVIDE A COPY OF THE APPROVAL

BRIEFLY DESCRIBE THIS APPLICATION _____

ATTACH TO THIS APPLICATION A COMPLETE PROJECT NARRATIVE EXPLAINING WHAT USE IS BEING PROPOSED AND HOW IT WILL BE OPERATED. INCLUDE FOLLOWING SPECIFIC INFORMATION AT A MINIMUM:

- Type of Use
- Size of property/Building (Acres/sq. ft.)
- Provide a Floor Plan
- Hours of Operation
- Number of Employees
- Description of Operation
- Parking
- Dumpster Location
- Landscaping/Lighting
- If a Special Permit Application, describe how the applicant will address conditions of Special Permit approval (Section 85 of the Regulations)

HAS A PREVIOUS APPLICATION BEEN FILED FOR THIS PROPERTY?

YES NO

IF YES, WHEN _____ ATTACH COPY OF DECISION LETTER

PROVIDE A DESCRIPTION OF THE CONSTRUCTION ACTIVITIES.

**PLANNING & ZONING APPLICATION
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PROJECT IS TO BE STARTED ON _____ COMPLETED BY _____

LIST FEDERAL AND STATE PERMITS REQUIRED AND THEIR STATUS.

- **INCLUDE SPECIFIC USE STANDARDS FOR THE SPECIFIC APPLICATION WITH THIS FORM**
- **PROVIDE FEES AS DETERMINED BY THE STAFF OF THE PLANNING & DEVELOPMENT DEPARTMENT**

CERTIFICATION

I/WE CERTIFY THAT ALL OF THE ABOVE INFORMATION AND STATEMENTS CONTAINED IN ANY DOCUMENTS SUBMITTED WITH THIS APPLICATION ARE TRUE TO THE BEST OF MY/OUR KNOWLEDGE.

I/WE FULLY UNDERSTAND THAT THE PLANNING AND ZONING COMMISSION RESERVES THE RIGHT TO REVOKE ANY PERMIT SHOULD THE INFORMATION CONTAINED HEREIN NOT BE TRUE AND CORRECT OR THAT INFORMATION REQUESTED BY THIS APPLICATION HAS NOT BEEN FULLY DISCLOSED.

SIGNATURE OF OWNER

SIGNATURE OF APPLICANT

DATE

DATE

NOTICE: BY FILING THIS APPLICATION, OWNER AND APPLICANT CONSENT TO SITE INSPECTIONS BY CITY STAFF AND/OR COMMISSIONERS