



# Town of Cheshire

Department of Planning and Development

## Planning and Zoning Commission Application

### Office Use Only

Date submitted: \_\_\_\_\_

App. No.: \_\_\_\_\_

Total fee \$ \_\_\_\_\_

### 1. TYPE OF APPLICATION (S), USE AND PROPERTY INFORMATION (CHECK ALL THAT APPLY)

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Site Plan Approval    | <input type="checkbox"/> Special Permit     | <input type="checkbox"/> Zone Change                          | <input type="checkbox"/> Earth Excavation   |
| <input type="checkbox"/> Zoning Text Amendment | <input type="checkbox"/> Affordable Housing | <input type="checkbox"/> Special Development                  | <input type="checkbox"/> Infill Development |
| <input type="checkbox"/> Subdivision           | <input type="checkbox"/> Re-Subdivision     | <input type="checkbox"/> Amendment to subdivision regulations |   |
| <input type="checkbox"/> Other: _____          |   | <input type="checkbox"/> Other: _____                         |   |

Specify all uses and corresponding section of the zoning regulations which this application applies:

Use: \_\_\_\_\_

Section: \_\_\_\_\_

Use: \_\_\_\_\_

Section: \_\_\_\_\_

Use: \_\_\_\_\_

Section: \_\_\_\_\_

Name of proposed development: \_\_\_\_\_ How many lots created: \_\_\_\_\_

If applicable, are proposed roadways to be private, public, or a combination of both:

- |                                 |                                  |   |
|---------------------------------|----------------------------------|---|
| <input type="checkbox"/> Public | <input type="checkbox"/> Private | <input type="checkbox"/> Combination of both private and public |
|---------------------------------|----------------------------------|---|

#### Parcel 1

Map/Block/Lot \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Street No. \_\_\_\_\_

Street Name \_\_\_\_\_

Property size: \_\_\_\_\_ ac/sf

Zoning District(s) \_\_\_\_\_

Volume and Page for deed: \_\_\_\_\_

#### Parcel 2

Map/Block/Lot \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Street No. \_\_\_\_\_

Street Name \_\_\_\_\_

Property size: \_\_\_\_\_ ac/sf

Zoning District(s) \_\_\_\_\_

Volume and Page for deed: \_\_\_\_\_



## Planning and Zoning Commission Application

### 2. APPLICANT INFORMATION

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Applicant's Authority to file application

- ☐ Legal Owner of Record
- ☐ Power of Attorney
- ☐ Contract to purchase
- ☐ Other: \_\_\_\_\_

### 3. AGENT INFORMATION; IF APPLICABLE

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Specify Nature of Agent

- ☐ Attorney
- ☐ Civil Engineer
- ☐ Land surveyor
- ☐ Architect
- ☐ Other: \_\_\_\_\_

### 4. PROPERTY OWNER(S) AND INFORMATION

**Note:** If property owner is a LLC, Corporation, trust, or other legal entity, attach the names, addresses, and title of each member or officer, including agent(s). if same as applicant list Applicant must submit evidence attesting to authority to file application (i.e., deed, option for purchase, etc.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_



## ***Planning and Zoning Commission Application***

### **5. STATEMENT OF USE**

Please attach to the application a typed statement of use.

Said statement is to include all hours and days of operation, size of buildings, and number of stories, utilities serving the parcel, variances received, number of employees, structures to be demolished, and/or similar information that will assist the Commission in determining whether the proposed use is in conformance with the applicable zoning regulations

### **6. NATURAL AND CULTURAL RESOURCES**

**Check One**

**YES**

**NO**

☐☐

a. Are Inland wetlands present on site? If so Total SF/AC: \_\_\_\_\_

☐☐

b. Are floodplains or flood hazards area on the property

If so Identify: \_\_\_\_\_

☐☐

c. Is the property located within a local, state or national historic district?

If so Identify: \_\_\_\_\_

☐☐

d. Does the site possess any structures or sites listed on the local, state, or register historic landmarks?

If so Identify: \_\_\_\_\_

### **7. CONSISTENCY WITH ADOPTED PLAN OF CONSERVATION AND DEVELOPMENT**

**PLEASE NOTE: This section only applies to applications for zoning text amendments or zone changes**

Attach a statement testing how proposed zone text amendment or zone change is consistent with the most recent adopted Plan of Conservation and Development. Note the relevant Plan section numbers and pages within the statement.



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**8. ADDITIONAL INFORMATION**

Check One

YES

NO

☐☐

*a. Is any part of the site within 500' of the Town line? Which town: \_\_\_\_\_*

☐☐

*b. Will any egress or ingress for the property use streets within an adjoining municipality?*

☐☐

*c. Is any work proposed in wetlands or watercourses? If so, explain in Statement of Use.*

☐☐

*d. Is any work proposed within 50 feet of a wetland or watercourse?*

☐☐

*e. Is any work proposed within a floodplain or area of flood hazard?*

☐☐

*f. Is public water available or proposed to serve the site?*

☐☐

*g. Are public sanitary sewers available or proposed to serve the site?*

☐☐

*h. Is there a utility, drainage, or other easement(s) on the site? If so, please explain.*

**9. PREVIOUS LAND USE PERMITS ASSOCIATED WITH THE PROPERTY(S)**

Check One

Have previous permits been issued for the Property: ☐ Yes ☐ No

Date Issued

Issuing Agency

Approved Use/Activity

\_\_\_\_\_

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## Planning and Zoning Commission Application

### 10. CHANGE OF ZONE, REGULATION AMENDMENT

YES NO

☐ ☐ a. Is the application for a new zoning district and/or regulation not presently established within the Zoning Regulations? If a new zoning district, distinguish type of zone proposed:

☐ Fixed Zoning District

☐ Floating Zone

☐ Overlay Zoning District

Identify proposed Zone Name and Designation: \_\_\_\_\_

For new regulations, list proposed section number(s) and title(s)

YES NO

☐ ☐ b. Is this application an amendment to an existing regulation? Attach proposed amendments, clearly noting any deletions, modifications, or additions. List sections proposed to be modified:

YES NO

☐ ☐ c. Is this application for a change to a zoning district already established within the regulations? Identify: \_\_\_\_\_

For new zoning districts or a change in zoning district boundaries, the applicant shall provide a legal description of land involved in the zone district change including the following details:

- Location map at 1" = 1000' scale
- Accurate description and acreage of tract(s) to be changed with existing buildings and uses
- Show existing features including but not limited to contours at two-foot intervals, wetlands, and watercourses, floodplains, all improvements, and structures
- All lots or parts of lots contained in an area within 500 feet in all directions of the zone change tract recorded in the Assessor's records and shall show nature of use
- North point, and distance along road from nearest road intersection
- Scale of map(s)



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### 11. BULK ZONING REQUIREMENT TABLE

Complete the following table, which must also be included on applicable drawings:

Zoning District: \_\_\_\_\_ PERMITTED/REQUIRED PROPOSED

Minimum Lot size		
Frontage		
Front Yard		
Side Yard		
Rear Yard		
Required Parking		
Lot Coverage		

### 12. CT PUBLIC HEALTH CODE REVIEW

Check One

YES NO

☐ ☐ a. Is the site served by onsite sewage disposal system?

If so, please provide approvals from Chespercott Health District regarding septic or sewage disposal system review and/or approval.

☐ ☐ b. Is the site served by onsite wells? If so, provide layout and approval from Chespercott Health District.

☐ ☐ c. Are there any approvals required by Chespercott Health District for the operation of the proposed business? If so, please explain and provide copies of any approvals:

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## Planning and Zoning Commission Application

### 13. AQUIFER PROTECTION AREA

YES

NO

☐☐

a. Is your site located within an area that is depicted as a level aquifer protection area?

☐☐

b. Are you proposing a use that is a regulated activity as per Aquifer Protection Ordinance?

☐☐

c. Has Regional Water Authority or Meriden City Water Company been notified (if required)?

If notification is required, copies of referral forms are to be submitted with application.

### 14. SUPPORTING DOCUMENTATION

Itemize, including additional attachments, all information provided in support of the application. Titles, dates, and sheet/map numbers shall correspond exactly with the corresponding information provided.

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Applicants are required to provide Planning Department staff electronic copies of supporting documentation for the application. Said documents are to be emailed to [mglidden@cheshirect.org](mailto:mglidden@cheshirect.org) and [ccostello@cheshirect.org](mailto:ccostello@cheshirect.org).

In addition to electronic submission, applicant is to provide 6 copies of site plan, architectural plans, landscaping plan and other relevant documents that will assist to demonstrate compliance to all applicable section of the Cheshire Zoning Regulations.



## ***Planning and Zoning Commission Application***

### **15. PRE-APPLICATION MEETING PURSUANT TO CGS 7-159B**

**CGS 7-159b- Pre-application review of use of property.** Notwithstanding any other provision of the general statutes, prior to the submission of an application for use of property under chapters 124, 126, 440, and 541 or any other provision of the general statutes authorizing , commission, department or agency of a municipality to issue a permit or approval for use of such property, such authority, commission, department, or agency or authorized agent therefore may separately , jointly, or in any combination, conduct a pre-application review of a proposed project with the applicant at the applicant's request. Such pre-application review and any results or information obtained from it may not be appealed under any provision of the general statutes and shall not be binding on the applicant or any authority, commission, department, agency, or other official having jurisdiction to review the proposed project.

I have read and understand the above provision of the Connecticut General Statutes and understand and agree that whatever discussion, comments and/or recommendations are made through this review are non-binding upon the parties.

Further, I acknowledge and agree that this pre-application review meeting is being conducted prior to and in anticipation of a formal application to the Cheshire Planning and Zoning Commission to obtain feedback and response to the proposal or design, as it exists on this date, in the interest of preparing an application consistent with the Subdivision or Zoning Regulations of the Town of Cheshire as the case may be.

**Signature**

**Printed Name**

**Date**

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**Applicant**

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**Agent**

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**Property Owner**

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**Property Owner**





### *Planning and Zoning Commission Application*

#### **16. APPLICATION FOR EARTH REMOVAL, FILLING OR REGRADING PERMIT**

In accordance with Section 25 of the Cheshire Zoning Regulations, as amended, please check box below that the undersigned applies for a permit

☐ Earth Removal

☐ Filling

☐ Regrading

Is a waiver requested pursuant to Section 25.3.2? Check One YES ☐ NO ☐

If yes, please check each section that a waiver is being requested:

☐ waiver to Section 25.5.3

☐ waiver to Section 25.5.9

☐ waiver to Section 25.5.11

Volume \_\_\_\_\_ Page \_\_\_\_\_ for property deed

The following documents are required:

- ☐ 6 copies of a survey map prepared by a registered Land Surveyor class A2 with grading certified to class T2 accuracy by a civil engineer. The site plan needs to demonstrate compliance to Section 25.4 of the Cheshire Zoning Regulations.
- ☐ A list of all abutting property owners and their current addresses. This list includes those across the street from the subject property).
- ☐ Application fees in the form of a check made payable to "Collector, Town of Cheshire".

Breakdown of fees are as follows:

- Base Fee: \$500.00
- Public Hearing Fee \$175.00
- State Fee: \$60.00
- Total Due: \$735.00

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_



## ***Planning and Zoning Commission Application***

### **17. ACKNOWLEDGEMENTS; ALL APPLICATIONS**

#### ***Application Content***

The undersigned hereby acknowledges that this application and statements submitted herewith are true to the best of my knowledge and approval of the application is contingent upon compliance with all requirements of said regulations.

#### ***Right of Entry and Inspection***

The undersigned hereby authorizes the Cheshire Planning and Zoning Commission or its agents, to enter the subject property for the purposes of inspection and enforcement for the said Zoning Regulations until receipt of final Certificate of Occupancy and/or Certificate of Zoning Compliance.

#### ***Electronic Data Accuracy and Transmission***

If applicable, the undersigned hereby acknowledges that all electronic data submitted as part of this application is an accurate and true representation of all paper transmissions provided as part of this application and may be transmitted publicly when requested and all applicable fees are paid in full by the requesting party.

<b>Signature</b>	<b>Printed Name</b>	<b>Date</b>
_____	_____	_____
<b>Applicant</b>		
_____	_____	_____
<b>Agent</b>		
_____	_____	_____
<b>Property Owner</b>		
_____	_____	_____
<b>Property Owner</b>		