



**Redding Zoning Commission – Application Form
Town of Redding, Connecticut
Special Permit**

All Applications shall consist of:

1. Letter of Intent
2. Completed Application Form
3. 13 Copies of site plan and all supporting materials

Date: _____

Name/Address of Owner of Record:

Name/Address of Applicant (if different):

Type of Application: Special Permit – Commercial Zone
 Special Permit – Residential Zone
 Special Permit Amendment
 Other (describe)

Required with Application Form:

Letter of Intent Y N

Application Fee _____

Postage/Other Fees (as required) Y N Amount(s): _____

Additional Information (per Zoning Regulation Section(s)): _____

For Commission Use ONLY:

Date Accepted: _____ Public Hearing Date: _____

Referral to: _____ Redding Planning; _____ Regional Planning; _____

Other Town Agencies, Municipalities, Regional Agencies
(list) _____

Status: Approved Denied Date: _____

Redding Zoning Commission – Application Form Site Plan Approval

Special Permit Checklist

Assessor's Map No: _____

Block No: _____

Lot No: _____

Letter of Intent Including:

1. Proposed Use
2. Activities on site
3. Public Attendance
4. Traffic Generated
5. Parking
6. Number of Employees
7. Hours of Operation
8. Name/Address – Owners, Managers
9. Size of Organization/Membership
10. Signatures of Owners, Principals and Legal Representatives

Other items that may be required by Section 5.1.1 or the specific Zone in which the property is located.

EFFECTIVE OCTOBER 1, 2006 PUBLIC ACT 06-53 / C.G.S. Sections 8-31
Any project located within a public water supply aquifer protection area or watershed area must be notified by applicant. (see attached)

IF THIS APPLICATION REQUIRES PUBLIC WATER/SEWER IN GEORGETOWN APPROVAL
MUST BE OBTAINED IN WRITING FROM THE WATER POLLUTION CONTROL COMMISSION
BEFORE ZONING CAN APPROVE PERMIT.

Redding Zoning Commission – Application Form Site Plan Approval

Check List

<u>Site Plan Information</u>	<u>Req'd</u>	<u>Provided</u>
1. A-2 Survey	----	----
2. Seal (wet/raised) of __Surveyor __Engineer __Architect	----	----
3. Scale – no less than 1"=40'	----	----
4. North Arrow	----	----
5. Dates __Prepared and/or __Revision	----	----
6. Nearby Roads	----	----
7. Filed Survey Map number – from Town Land Records	----	----
8. Names, Address, Boundaries of abutting property owners	----	----
9. Name/Address of property owner	----	----
10. Name/Address of developer	----	----
11. Name/Address of plan preparer	----	----
12. Lot lines	----	----
13. Easements and/or rights of way	----	----
14. Topography 5' or less – existing (100' onto abutting properties)	----	----
15. Topography – 2' or less for proposed developed areas	----	----
16. Existing significant Natural Features (Includes: ponds, streams, wetlands, trees (>12" DBH) rock walls, 100 year flood zone and line, etc.)	----	----
17. Existing Structures	----	----
18. Proposed New or Modified Structures (show elevation @ ground floor level, number of stories, entrances/exits, exterior elevations)	----	----
19. Proposed Uses of Buildings and structures	----	----
20. Existing and/or proposed:	----	----
___ Roads, Driveways, Parking areas, Sidewalks, Loading areas		
___ retaining walls and cross section		
___ Erosion and storm water control		
___ Wells, septic/sewage treatment (incl Health Officer Approval)		
___ Signage, dimensions and structure		
___ Utilities (incl garbage and screening)		
___ Landscaping		
___ Wells within 100' of site boundary		
___ Architectural details		
___ Lighting Plans and exterior fixture details		

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Watershed or Aquifer Area Project Notification Form

REQUIREMENT:

Within seven days of filing, all applicants before a municipal Zoning Commission, Planning and Zoning Commission, Zoning Board of Appeals or Inland Wetlands Commission for any project located within a public water supply aquifer or watershed area are required by Public Act No. 06-53 of the CT General Statutes to notify The Commissioner of Public Health and the project area Water Company of the proposed project by providing the following information.

To determine if your project falls within a public water supply aquifer or watershed area visit the appropriate town hall and look at their *Public Drinking Water Source Protection Areas* map. If your project falls completely within or contain any part of a public water supply aquifer or watershed you are required to complete the following information.

Note: You will need information obtained from the *Public Drinking Water Source Protection Areas* map located in the appropriate town hall to complete this form.

Step 1: Have you already notified the CT Department of Public Health (CTDPH) of this project?

- No, Go to Step 2
- Yes, I have notified DPH under a different project name - Complete steps 4-6
- Yes, same name different year - Notification Year Complete steps 4-6

Step 2:

1. Name of public water supply aquifer your project lies within:
2. Name of the public water supply watershed your project lies within:
3. Public Water Supply Identification number (PWSID) for the water utility:

Step 3: For 1-5 Check all that apply

1. My project is proposing:

- Industrial use; Commercial use; Agricultural use; Residential use;
- Recreational use; Transportation improvements; Institutional (school, hospital, nursing home, etc.);
- Quarry/Mining; Zone Change, Please Describe:
- Other, Please describe:

2. The total acreage of my project is:

- Less than or equal to 5 acres Greater than 5 acres

3. My project site contains, abuts or is within 50 feet of a:

- Wetland; Stream; River; Pond or Lake

4. Existing use of my project site is:

- Grassland/meadow; Forested; Agricultural; Transportation; Institutional (school, hospital, nursing home, etc.); Residential; Commercial; Industrial; Recreational; Quarry/Mining
- Other Please Describe:

5. My project will utilize:

- septic system; existing public sewer; new public sewer; agricultural waste facility;
- existing private well; new private well; existing public water supply;
- new public water supply, if new have you applied for a certificate of public convenience and necessity from DPH? Yes No

6. My project will contain this percentage of built up area (buildings, parking, road/driveway, pool): Less than or equal to 20% Greater than 20% to 50% Greater than 50%

Step: 4 Applicants Contact Information:

Name:

E-mail address:

Telephone:

Fax number:

Step 5: Please provide the following if available:

Project name:

Project site address:

Town:

Project site nearest intersection:

Project site latitude and longitude:

E-mail completed form to dph.swpmail@ct.gov