## **ZONING COMMISSION**

Town of New Fairfield 203-312-5646 Fax 203-312-3508

## SPECIAL PERMIT APPLICATION

Application Number
Please type or print:  Map: Block: Lot:
Date: 42921
Applicant: Cristians Coste - C&CHome Finishing LLC
PO BOX 8285 Naus Tachald OT OLEVA
Tel 2110 Drive
Phone No: <u>203-947-6797</u>
Owner (s) of Record: Stacey & David Di Cairano
Address: 14 Evin Drive - New Fair-field
Phone No: 914-217-8417
Application is hereby made for Special Permit per section 8.2 pursuant to the following section (s) of the Zoning Regulations:
For the following purpose: Construct new 995 5g ft
New orccessory apartment
In compliance with the requirements of the Zoning Regulations, I am hereby submitting the fee, plans, documents and additional information as required.
Fee of \$460.00* as specified in Section 10.1.2C (\$200.00 application, \$60.00 State Surcharge and \$200.00 Two Legal Notice for Public Hearing and Results of Application Advertised in News Paper).

Letter of authorization from property owner stating an agent may apply for permit. Signature on letter must be original not copied, facsimile or e-mail.

Ten (10) copies of site plans including a <u>A-2 SURVEY by a CT Land surveyor with existing and proposed percentage of impervious surfaces</u> together with existing proposed site improvements including building, parking landscaping access & egress and proposed signage. A-2 survey shall be drawn at a scale of at least 1" = 50', and shall be on sheets either 36" x 24", 18" x 12" or 18" x 24" (Check regulations for further details).
( ) Ten (10) copies of a narrative report prepared by a Connecticut licensed engineer as required in Section 6.7 – Storm Water Management Plan.
( ) Report from Health Department on adequacy of sewage disposal system and water supply. Applicant to write letter requesting such report. Complete description of project to be included.
() Proposed use(s) - written statement describing in <u>detail</u> proposed use(s).
() Traffic Study – Ten (10) copies if development anticipates the generation of more than one hundred (100) vehicular trips per day.
( ) Report (s) from other Town Agencies (if required) as follows:
( ) Fire Marshal ( ) Inland Wetland Commission ( ) Zoning Enforcement Officer ( ) Other Agency (please specify) ( ) Copy of additional information as follows:
Applicant to write letter requesting such report. Complete description of project to be included.
Attach a list with the names and addresses of all adjacent property owners including those across any adjacent roadways. Submit proof that all such neighbors have been notified of this proposed activity. These letters shall be sent CERTIFIED MAIL with RETURN RECEIPT. Both certified mail receipt and return receipt shall be submitted to the Commission either before or at the time of Public Hearing.  Signature of owner (date)  Signature of Applicant (date)
*Fee does not include Zoning Permit Fee (issued by Zoning Enforcement Officer, if

## For Office Use Only

() This Application Complies () Does Not Comply with the requirements of the zoning
Application Complete: Yes No
The application fails to comply as follows:
Comments:
Review by Zoning Enforcement Officer Date
Date of Receipt by Zoning Commission:
Date of Scheduled Public Hearing:
Date of Commission Action:  Legal Notice Published  O Application Acceptable
() Application Approved () Application Denied
() Application Approved & Modified
Conditions: