

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

SPECIAL PERMIT APPLICATION

Application Number _____

Map: 28 Block: 1 Lot: 40

Please type or print:

Date: 10/18/22

Applicant: Asim Alimi

Mailing Address: 39 Kenosia Ave Danbury CT 06810

Project Address: 31 Madeline Dr

Phone No: 2039945202

Owner (s) of Record: Asim Alimi

Address: 31 Madeline Dr

Phone No: 2039945202

Application is hereby made for Special Permit per section 8.2 pursuant to the following section (s) of the Zoning Regulations:

6.4 excavation, removal, filling, grading of earth material

For the following purpose: _____

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 **A-2 SURVEY by a CT Land surveyor with existing and proposed percentage of impervious surfaces** 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 detail 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 () Town Engineer
() Inland Wetland Commission () CT Department of Transportation
() Zoning Enforcement Officer () Water Supply Committee
() 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.

 10/18/22
Signature of owner (date)

Signature of Applicant (date)

**Fee does not include Zoning Permit Fee (issued by Zoning Enforcement Officer, if required).*

For Office Use Only

() This Application Complies () Does Not Comply with the requirements of the zoning regulations.

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 _____

() Application Approved () Application Denied

() Application Approved & Modified

Conditions: _____
