## ZONING COMMISSION

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

## SPECIAL PERMIT APPLICATION

\*Application Number 6P-23-004

Map: 22\_Block: 7\_Lot: 386

Please type or print:

Date: Fcb. 20, 2023

Applicant: (hinsting Ford

Mailing Address: 2 Meadow Ridge Dr., New Fairfield, C7 06812

Project Address: 2 Headow Ridge Dr., New Fairfield, C7 06812 Phone No: Christina (401) 439-6398, Kevin (845) 629-1832

Owner (s) of Record: Kevin (Daino + Chinstina Ford

Address: 2 Meadow Ridge Dr., New Fairfield, C7 106812

Phone No: Christina (401) 439-6398; Kevin (845) 629-1832

♣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: To have has a home office for My Chiropractic practice. Seeing 1-5 patients for day and only 1 patient at a time and breaks between patients to there is no overlap. Approx. 330 Square feet. In compliance with the requirements of the Zoning Regulations, I am hereby submitting the fee, plans, documents and additional information as required.

(4) 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.



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() 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 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).</u>

- () 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:

() Copy of additional information as follows:	() Fire Marshal () Inland Wetland Commission () Zoning Enforcement Officer () Other Agency (please specify)
follows:	( ) Town Engineer ( ) CT Department of Transportation ( ) Water Supply Committee

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 required.

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## For Office Use Only

( ) This Application Complies regulations.	() Does Not Comply with the requirements of the zonir
Application Complete:	YesNo
The application fails to comply as follows:	follows:
Comments:	
Review by Zoning Enforcement Officer	Officer Date
Date of Receipt by Zoning Commission:	ission:
Date of Scheduled Public Hearing:	
Date of Commission Action:	Legal Notice Published
() Application Approved (	() Application Denied
() Application Approved & Modified	fied
Conditions:	



