

ZONING COMMISSION
Town of New Fairfield
(203)312-5646 Fax: (302)312-3508



SPECIAL PERMIT APPLICATION

Application Number _____

Map: _____ Block: _____ Lot: _____

Zoning District: _____

Please type or print:

Date: _____

Applicant: _____

Mailing Address: _____

Project Address: _____

Phone No: _____

Owner(s) of Record: _____

Address: _____

Phone No: _____

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

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 Newspaper).

() 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.



() Two (2) copies total which should consist 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 landscape access and 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"x24" (check regulations for further details). See Zoning Official for additional requirements needed based upon applicant's proposal and use such as a required engineered site plan, architectural design, engineered traffic plan and design, etc.

() Eight (8) 11"x17" copies total which should consist 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 landscape access and egress, and **proposed signage**.

() Report from Health Department on adequacy of sewage disposal system and water supply. **Applicant to write letter requesting such report. Complete description to be included.**

() Proposed use(s) – written statement describing in detail proposed uses(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: _____
- () 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**. A copy of the letter sent, certified mail receipt, and return receipt shall be submitted to the Commission 48 hours prior to the Public Hearing. (See page 3).

() If you wish to hire an agent or an authorized permit expeditor to go forward with your application, site plan, or special permit include a signed authorization letter from the property owner with a live signature.

Signature of Owner (date)

Signature of Applicant (date)

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



To: (Name and Address of abutting property owner)

Date:

From: (Applicant)

Dear:

As a requirement of the New Fairfield Zoning Commission, I/we are notifying you, as you are an abutting property owner of ____ (address of property) _____. I/we are submitting an application to construct a ____ (type of project) _____. The date and time of the Zoning Commission meeting is December 7, 2022 at 7:30 pm. The Zoom Link is: <https://zoom.us/j/93355662705>.

If you have any questions, the applicant is on file in the Land Use Department of Town Hall.

_____ (Your Signature) _____

CERTIFIED MAIL: RETURN RECEIPT NUMBER: _____
certified mail number

For Office Use Only



- () This Application Complies with the requirements of the Zoning Regulations.
- () This Application Does Not Comply with the requirements of the Zoning Regulations.

Application Complete: _____ Yes _____ No

The application fails to comply as follows: _____

Comments: _____

Reviewed 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: _____
