

ZONING COMMISSION
Town of New Fairfield
4 Brush Hill Rd.
New Fairfield, CT 06812
203-312-5646 Fax 203-312-3508

SITE PLAN APPLICATION

Application Number _____

Map: 23 Block: 2 Lot: 1-6

Map: 24 Block: 13 Lot: 1+15

Please type or print:

Date: 3-26-24

Applicant: Father Robert Wolfe

Mailing Address: P.O. Box 8866, New Fairfield, CT 06812

Project Address: 21 Brush Hill Rd. & 1 Margerie Dr., New Fairfield, CT, 06812

Phone No: (203) 400-5284

Owner (s) of Record: St. Edward the Confessor Corporation

Address: P.O. Box 8866, New Fairfield, CT 06812

Phone No: _____

Application is hereby made for site plan per section 8.1 and pursuant to the following section (s) of the Zoning Regulations: 6.1, 6.2 and 6.7

For the following purpose: Parking and stormwater improvements (including landscaping improvements)

In compliance with the requirements of the Zoning Regulations, I am hereby submitting the fee, plans, documents and additional information as required.

Fee of ~~\$~~60.00 (Includes State Surcharge). N/A State fee only for \$60

Application Requirements:
(see attached)

b/c non-profit.

() Report from Health Department on adequacy of sewage disposal system and water supply.

() Report (s) from other Town Agencies as follows:

- () Fire Marshal
- () Town Engineer
- () Inland Wetland Commission
- () Conn. Dept. of Transportation
- () Zoning Enforcement Officer
- () Other Agency (please specify) _____
- () Copy of additional information as follows: _____

Plu. Pelletier 3/26/24
Signature of owner (date)

Plu. Pelletier 3/26/24
Signature of Applicant (date)

.....
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 Commission Action: _____ Legal Notice Published _____

() Application Approved () Application Denied

() Application Approved & Modified

Conditions: _____

**ST EDWARD THE CONFESSOR PARISH
WE STAND WITH CHRIST**

21 BRUSH HILL RD
NEW FAIRFIELD, CT 06812

1028

51-7229/2211

9

3/26/24

Date

 CHECK ARMOR
PAID PROTECTION

Pay to the
Order of Town of New Fairfield

\$ 60.⁰⁰

Sixty ^{00/100}

Dollars



Photo
Safe
Deposit®
Details on back.



Newtown Savings Bank
The Power of Local

For Application Fee

Mr. Matt Wolfe

⑆ 221172296⑆ 200 385 670⑈ 1028