

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: _____ Block: _____ Lot: _____

Please type or print:

Date: _____

Applicant: _____

Mailing Address: _____

Project Address: _____

Phone No: _____

Owner (s) of Record: _____

Address: _____

Phone No: _____

Application is hereby made for site plan per section 8.1 and pursuant to the following section (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 **\$160.00** (Includes State Surcharge).

Application Requirements:
(see attached)

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: _____

Signature of owner (date)

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: _____
