ZONING COMMISSION

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

SPECIAL PERMIT APPLICATION

Application Number
Map: <u>23</u> Block: <u>16</u> Lot: <u>11</u>
Please type or print:
Date: December 22, 2020
Applicant: Patricia Del Monaco on behalf of the Town of New Fairfield
Mailing Address: 4 Brush Hill Road, New Fairfield, CT, 06812
Project Address: 54 Gillotti Road, New Fairfield, CT, 06812
Phone No: <u>203-312-5600</u>
Owner (s) of Record: Town of New Fairfield
Address: 4 Brush Hill Road, New Fairfield, CT, 06812
Phone No: _203-312-5600
Application is hereby made for Special Permit per section 8.2 pursuant to the following section (s) of the Zoning Regulations: Section 3.1 Residence R-88 Zone, 3.1.2 - Special Permit Uses, Part A
"Municipal building and uses, fire and police stations, senior centers, municipal parks, playgrounds and recreational areas, sewage treatment plants, public utilities and buildings"
For the following purpose: For the partial demolition of the existing high school and construction of a new high school with associated site improvements including: parking and vehicle maneuvering areas; pedestrian plaza and gathering spaces; grading; storm drainage; utility connections.
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

() 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.

News Paper).

(X) 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).

- (X) Ten (10) copies of a narrative report prepared by a Connecticut licensed engineer as required in Section 6.7 Storm Water Management Plan.
- (χ) 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 <u>detail</u> proposed use(s).
- (X) Traffic Study Ten (10) copies if development anticipates the generation of more than one hundred (100) vehicular trips per day.

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

Applicant to write letter requesting such report. Complete description of project to be included.

(X) 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 includ Zoning Permit Fee (issued by Zoning Enforcement Officer, if required.

For Office Use Only

() This Application Complications.	es () Does	Not Comply with the requirements of the zoning
Application Complete:	Yes	No
Comments:		
Review by Zoning Enforcement	ent Officer	Date
Date of Receipt by Zoning Co	ommission:	
Date of Scheduled Public Hea	aring:	
Date of Commission Action:		Legal Notice Published
() Application Approved	() Application	on Denied
() Application Approved & M	Modified	
Conditions:		