



P&ZC Application No. _____

**PLANNING & ZONING COMMISSION
TOWN OF COLCHESTER, CONNECTICUT
APPLICATION FOR SITE PLAN APPROVAL**

This application form, applicable fee(s), five (5) sets of plans, a detailed Statement of Use and all required supporting documentation shall be submitted to the Planning & Zoning Commission Office no later than noon (12:00P) on the Monday before the next regularly scheduled meeting (the first and third Wednesday of the month excepting Holiday periods). Public Hearing is not required but may be held at the discretion of the Commission.

NAME OF APPLICANT: _____
(Please Print)

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ TELEPHONE: _____

OWNER OF RECORD: _____
(Please Print)

MAILING ADDRESS: _____

STREET ADDRESS OF SUBJECT PROPERTY: _____

ASSESSOR'S MAP _____ LOT _____ ZONING DISTRICT _____

IS THIS PROPERTY WHOLLY OR PARTIALLY LOCATED IN ANY OF THE FOLLOWING (Check all that apply):

- ___ AQUIFER PROTECTION AREA (APA) ___ AQUIFER PROTECTION ZONE (APZ)
- ___ HISTORIC DISTRICT (HD) ___ HISTORIC PRESERVATION OVERLAY ZONE (HPOZ)

EXISTING USE(S): _____

PROPOSED USE(S): _____

APPLICABLE REGULATION SECTION(S): _____

ENGINEER/SURVEYOR: _____ TELEPHONE: _____

MAILING ADDRESS: _____

CONTACT PERSON TO WHOM CORRESPONDENCE AND INQUIRIES SHOULD BE DIRECTED:

NAME: _____
(Please Print) (Firm Name, if Applicable)

MAILING ADDRESS: _____

EMAIL ADDRESS: _____ TELEPHONE: _____

APPLICANT(S) SIGNATURE DATE

OWNER(S) SIGNATURE DATE

**** IF THE APPLICANT IS NOT THE RECORD OWNER, A SIGNED LETTER OF AUTHORIZATION MUST ACCOMPANY THIS APPLICATION ****

FOR OFFICIAL USE ONLY BELOW THIS LINE

DATE APPLICATION SUBMITTED: _____ P&ZC FEE PAID: \$ _____ CK# _____

DATE OF RECEIPT BY P&ZC: _____ PUBLIC HEARING START DATE: _____

PUBLIC HEARING END DATE: _____ DATE OF DECISION: _____

NOTICE OF DECISION PUBLISHED: _____ ENGINEERING REVIEW FEES PAID: _____