



P&ZC Application No. _____

**PLANNING & ZONING COMMISSION
TOWN OF COLCHESTER, CONNECTICUT**

APPLICATION FOR SPECIAL PERMIT APPROVAL

This application form, applicable fee(s), five (5) sets of plans 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). The Applicant shall submit a copy of the Assessor's Map showing all properties and zoning districts within 500 feet of the subject property and a list of the names and addresses of all owners within 500 feet of the subject property. Public Hearing is Required.

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: _____