

**EAST HAVEN PLANNING AND ZONING COMMISSION
TOWN OF EAST HAVEN**

- APPLICATION FOR SITE PLAN APPROVAL
 APPLICATION FOR **MODIFIED** SITE PLAN APPROVAL

Fee: _____ Date of Submission _____

BEFORE COMPLETING THIS APPLICATION, PLEASE REVIEW ALL PERTINENT SECTIONS OF THE EAST HAVEN ZONING REGULATIONS FOR COMPLIANCE. THE **APPLICANT** IS SOLELY RESPONSIBLE FOR THE COMPLETENESS AND ACCURACY OF THIS APPLICATION; AND THE COMMISSION RESERVES THE RIGHT TO **DENY ANY** APPLICATION ON THE BASIS OF AN INCOMPLETE OR INACCURATE APPLICATION.

THE UNDERSIGNED HAS FILED AN APPLICATION FOR A ZONING PERMIT (ATTACHED), AND HEREBY MAKES APPLICATION TO THE PLANNING AND ZONING COMMISSION OF THE TOWN OF EAST HAVEN FOR APPROVAL OF A SITE PLAN OR MODIFIED SITE PLAN UNDER THE TERMS OF THE EAST HAVEN ZONING REGULATIONS.

[1] NAME OF APPLICANT: _____

[2] APPLICANTS ADDRESS & PHONE: _____

[3] SITE LOCATION OR ADDRESS: _____

[4] ASSESSOR CARD INFO:
(ATTACH ASSESSOR'S CARD TO THIS APPLICATION)

ZONING DISTRICT _____ MAP _____ BLOCK _____ PARCEL _____

SIZE OF PARCEL _____

[5] PROVIDE A BRIEF DESCRIPTION OF THE PROPOSED ACTIVITY: _____

[6] CITE THE PARTICULAR USE FOR WHICH A SITE PLAN APPROVAL IS REQUESTED SCHEDULE "A" (PERMITTED USES),

LINE _____

IS THIS APPLICATION ACCOMPANIED BY THE FOLLOWING –

- | | | |
|---|------------------------------|-----------------------------|
| A. STATEMENT OF USE | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| B. SITE DEVELOPMENT PLAN | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| C. ARCHITECTURAL (BUILDING) PLANS | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| D. TRAFFIC REPORT | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| E. STORMWATER MANAGEMENT PLAN | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| F. SEDIMENTATION & EROSION CONTROL PLAN | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

[7] DOES THE APPLICANT REQUEST THAT THE PLANNING AND ZONING COMMISSION WAIVE THE REQUIRED SUBMISSION OF ANY OF THE ABOVE, OR ANY OTHER REQUIREMENT OF THE REGULATIONS PERTAINING TO SITE PLANS? IF YES, PLEASE SPECIFY AND CITE THE REASON. {USE ADDITIONAL SHEETS IF NECESSARY} _____

[8] IS THIS APPLICATION BEING FILED IN CONJUNCTION WITH ANY OTHER APPLICATIONS FOR APPROVAL? IF YES, PLEASE SPECIFY. _____

NOTE: THE PLANNING AND ZONING COMMISSION WILL DECIDE ON THIS APPLICATION. THE APPLICANT, OR HIS AGENT(S) SHOULD MAKE THEMSELVES AVAILABLE TO THE COMMISSION IN ORDER TO PRESENT INFORMATION ILLUSTRATING HOW THE PROPOSED SITE PLAN, USE, BUILDINGS AND STRUCTURES AND/OR FACILITIES CONFORM TO THE GENERAL STANDARDS OF THE REGULATIONS.

ALL STANDARDS SPECIFIED IN CHAPTERS 33 AND 34 ARE *IN ADDITION* TO ALL OTHER REQUIREMENTS OF THE ZONING REGULATIONS IN THE PARTICULAR ZONING DISTRICT IN WHICH THIS PROPOSAL IS TO BE LOCATED. THE COMMISSION IS DEEMED TO BE AUTHORIZED, BY THIS SIGNED APPLICATION, TO INSPECT THE SITE. THE COMMISSION IS FURTHER AUTHORIZED TO OBTAIN INFORMATION ON ITS OWN INITIATIVE; BUT WILL NEED TO RELY UPON THE DATA PRESENTED TO IT BY THE APPLICANT AND/OR HIS STAFF OR AGENTS.

IN CERTAIN INSTANCES, THE APPLICANT MAY BE GIVEN " ADMINISTRATIVE APPROVAL FOR A PROPOSAL, WITH THE KNOWLEDGE AND CONSENT OF THE COMMISSION AND SUBJECT TO ANY CONDITIONS MODIFICATIONS OR BONDING DEEMED NECESSARY BY THE COMMISSION AND/OR IT'S TECHNICAL STAFF.

THE UNDERSIGNED APPLICANT, BY HIS SIGNATURE HEREBY ATTESTS THAT THE INFORMATION CONTAINED HEREIN, WITH THE APPROPRIATE ATTACHMENTS HERETO, ARE CORRECT AND COMPLETE.

SIGNATURE OF APPLICANT: _____ DATE _____

SIGNATURE OF APPLICANT: _____ DATE _____

SIGNATURE OF AUTHORIZED AGENT: _____ DATE _____

PROPERTY OWNER'S SIGNATURE: _____ DATE _____