City of New Haven, Connecticut

CITY PLAN DEPARTMENT | 165 CHURCH STREET, NEW HAVEN, CT 06510-2010 PH 203.946.6378 FAX 203.946.7815

APPLICATION FOR ZONING RELIEF SPECIAL PERMIT

**1. CLASS OF RELIEF** (Check **[ ]**  ALL THAT APPLY).

#  Special Permit

[ ]  1**.** Telecommunications Facility (Describe Precisely) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  2**.** Motor Vehicle Junkyard (Describe Precisely) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[ ]** 3**.** Other Matters (Describe Precisely) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. STANDARD BEING APPEALED**

 Cite the Section(s) of the Zoning Ordinance from which the relief is being sought.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. PRECISE DESCRIPTION OF RELIEF SOUGHT**

 Fill in **ZONING AND SITE PLAN SUMMARY DATA TABLE** of the **DATA** Sheet and Describe the Relief in Detail.

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**4. EXISTING CONDITIONS**

A-2 Survey not more than 2 years old required for yard variances, a lot split, any use where there is a change in Use Classification under the State Building Code (BOCA), or any construction costing more than $25,000.

 List existing Building(s) and Use(s) on the property and list the legal Basis for each using the list below.

 **Building Basis Comment**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

****Basis [Insert appropriate abbreviation]: PR-Permitted by Right; PS-Permitted by Special Exception; PV-Permitted by Previous Variance;
 CAL-Certificate of Approval of Location for Automotive Uses; NCU-Nonconforming Use at Effective Date of Ordinance or Amendment.

**5. MATERIALS REQUIRED FOR FILING**

1. [ ]  **EIGHT (8) COPIES OF A SCALED PLOT PLAN** with a North arrow, showing the lot, existing buildings and
improvements, and buildings on abutting parcels within 25 feet of property lines.
2. Proposed construction and use of outdoor areas.
3. Proposed structures, driveways, parking layout, loading facilities, utilities.
4. Improvements including signs, fences, walls, dumpsters, outdoor storage areas, outdoor lighting.
5. If applicable, new property lines.
6. Such other information as may be required to define clearly the zoning questions involved.
7. [ ]  **SEVEN (7) COPIES OF SCALED FLOOR PLANS AND ELEVATIONS** for each floor and each side of
 proposed construction, showing the use of all floor areas.
8. [ ]  **BUSINESS OR COMMERCIAL USES** shall furnish the days and hours of operation, number of employees, provisions for employee and customer parking, and business sign(s).

**6. ZONING HISTORY AT THIS LOCATION [BZA** File Numbers, Decision, Date, Proposal Description, Court Decision (if any)**]**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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INSTRUCTIONS

1. Please fill in DATA and FORM or attach information to this application.
2. APPLICATIONS FOR RELIEF MAY BE DENIED IF REQUIRED MATERIALS ARE NOT SUBMITTED.

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City of New Haven, Connecticut

**CITY PLAN DEPARTMENT | 165 CHURCH STREET, 5TH FLOOR, NEW HAVEN, CT 06510-2010**

**PHONE 203.946.6378 FAX 203.946.7815**

Application for Development Permit DATA

***CHECK BOX*** *****WHERE APPROPRIATE. PRINT OR TYPE INFORMATION IN SPACE PROVIDED.***

⬜ Check Here if Fee Exempt. **THIS BOX IS FOR CITY USE ONLY**

⬜ As-of Right **File # Fee Paid Date** [mm-dd-yy]

⬜ Zoning Relief #**\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_**

⬜ Development Permit #**\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_**

This includes ⬜ Site Plan Review.⬜ CSPR ⬜ SESC ⬜ IW ⬜ Special Permit

⬜ Flood Development Permit  **#\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_**

⬜ Performance Bond  **#\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_**

⬜ Building Permit  **#\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_**

1.Project Address(es)

A/K/A:

Tax Map-Block-Parcel(s)

Nearest Cross Street:

1. Property Owner Information & Consent

 Name **Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Firm ⬜ Business ⬜ Home ⬜ Answering Service

 Street Address ⬜ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⬜ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State ZIP` ⬜ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **As OWNER OF THE PROPERTY I hereby authorize this development permit application, and:**

**1. I consent to necessary and proper inspections of the above property by agents of the City at a reasonable time after an application is made, and**

**2. I certify that I am familiar with all of the information provided in this application, and**

**3. I am aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties, and**

**4. I certify that this project conforms to zoning or has applied for or been granted zoning relief.**

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of **PROPERTY** **OWNER**

3. Applicant Information & Certification ⬜ Check here if SAME AS OWNER *(Fill in only if* ***not*** *same as Owner.)*

 Name **Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Firm ⬜ Business ⬜ Home ⬜ Answering Service

 Street Address ⬜ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⬜ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State ZIP` ⬜ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**As APPLICANT I am familiar with all of the information provided in this application and aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties.**

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of **APPLICANT**

4.Authorized Agent Information ⬜ Check here if SAME AS OWNER *(Fill in only if* ***not*** *same as Owner.)*

 Name **Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Firm ⬜ Business ⬜ Home ⬜ Answering Service

 Street Address ⬜ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ⬜ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City State ZIP` ⬜ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check  One:** The **AUTHORIZED AGENT** for the attached Development Application is:

⬜ Lessee ⬜ Attorney ⬜ Architect ⬜ Engineer ⬜ Real Estate Agent ⬜ Contractor ⬜ Other-Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**As AUTHORIZED AGENT I am familiar with all of the information provided in this application and aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties.**

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of **AUTHORIZED AGENT**