

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.

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

- A. **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.
 - Proposed construction and use of outdoor areas.
 - Proposed structures, driveways, parking layout, loading facilities, utilities.
 - Improvements including signs, fences, walls, dumpsters, outdoor storage areas, outdoor lighting.
 - If applicable, new property lines.
 - Such other information as may be required to define clearly the zoning questions involved.
- B. **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.
- C. **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)]

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.**

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.

1. Project Address(es)

A/K/A:
Tax Map-Block-Parcel(s)
Nearest Cross Street:

<input type="checkbox"/> Check Here if Fee Exempt.	THIS BOX IS FOR CITY USE ONLY		
<input type="checkbox"/> As-of Right	File #	Fee Paid	Date [mm-dd-yy]
<input type="checkbox"/> Zoning Relief	# _____	\$ _____	____/____/____
<input type="checkbox"/> Development Permit	# _____	\$ _____	____/____/____
This includes <input type="checkbox"/> Site Plan Review. <input type="checkbox"/> CSPR <input type="checkbox"/> SESC <input type="checkbox"/> IW <input type="checkbox"/> Special Permit			
<input type="checkbox"/> Flood Development Permit	# _____	\$ _____	____/____/____
<input type="checkbox"/> Performance Bond	# _____	\$ _____	____/____/____
<input type="checkbox"/> Building Permit	# _____	\$ _____	____/____/____

2. Property Owner Information & Consent

Name
Firm
Street Address
City State ZIP

Daytime Phone: _____
 Business Home Answering Service
Fax: _____ Cell: _____
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
Firm
Street Address
City State ZIP

Daytime Phone: _____
 Business Home Answering Service
Fax: _____ Cell: _____
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
Firm
Street Address
City State ZIP

Daytime Phone: _____
 Business Home Answering Service
Fax: _____ Cell: _____
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