

TOWN OF NORFOLK
19 Maple Avenue, P.O. Box 552
Norfolk, CT 06058-0552
Phone: 860-542-6804 Fax: 860-542-5876
email: mhalloranzeo@yahoo.com

Permit # _____
Fee Paid: \$ _____
State of CT Fee: \$ _____
Check #: _____
Date Paid: _____

APPLICATION FOR SPECIAL PERMIT

Proposed Use: _____

Zoning Regulation: _____ Zone: _____

Property Location: _____

Assessor's MBLU: Map No. _____ Lot No. _____ Vol. _____ Page _____

Record Owners) of Property: _____

Mailing Address: _____

Telephone No. (____) _____ email: _____

Name of Applicant: _____
(if different than record owner)

Mailing Address: _____
(if different than record owner)

Has application been submitted to Inland Wetlands Commission (if applicable)? _____

Is there any claim of a "grandfathered" or non-conforming use prior to August 1973 being made pertaining to this application? _____

Is any earth excavation proposed in conjunction with this application? _____
If yes to above, please specify on attachment.

The following must accompany this application:

- Two (2) copies of the project's Site Plan and ten (10) 11x17 photocopies in conformity with Section 8.09 of Norfolk's Zoning Regulations
- A business plan or written statement describing the proposed use
- Approval by Torrington Area Health District (if applicable) of the proposed water supply system and on site sewage disposal facilities
- Erosion and Sedimentation Control Plan (if applicable)
- Application Fee (payable to Town of Norfolk)
- A list of names and addresses of all adjacent property owners within 100' of property (including across the street) including direction and shortest distance
- Written proof documenting any claim of non-conforming use (if applicable)
- Other: _____

This application is for Special Permit purposes only and does not relieve the applicant of the responsibility of securing, without limitation, all necessary zoning, building, health and fire permits prior to the commencement of any construction or this use.

Upon approval of this application, a Special Permit Certification of Approval will be issued. The applicant will be responsible for filing said certification in the Norfolk Land Records, along with payment of filing fees to the Town Clerk, in order to be valid.

I do hereby declare under penalty of law that the above information is complete and accurate to the best of my knowledge and belief.

Original signature of owner, OR
Letter of authorization from the owner to a designated agent is required.

Owner's Signature	Print Name	Date
-------------------	------------	------

Applicant's Signature (if different)	Print Name	Date
--------------------------------------	------------	------

OFFICIAL USE ONLY

Date Application Received: _____ by: _____

Date of Public Hearing: _____

Legal Notice/Application filed with Town Clerk: _____

Dates of Publication: _____ Sent to newspaper: _____

Public Hearing to be closed no later than: _____

Public Hearing continued to: _____ Public Hearing closed: _____

Decision to be made no later than: _____

Notice of Decision to: Town Clerk _____ Newspaper _____ Applicant _____

Special Permit Issued: _____ Filed by Applicant: _____

February 2014