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		
Acreage of lot:		acre(s) =	sq.ft.			
Total sq. footage of all struc	ctures:		= % of lot cove	rage		
Record Owners) of Propert	y:					
Mailing Address:						
Telephone No.	()		_ email:			
Name of Applicant: (if different than record owner) Mailing Address:						
(if different than record owner) Telephone No.						
Has application been subm	nitted to Inlan	id Wetlands Comi	nission (if appli	icable)?		
Is there any claim of a "gra pertaining to this application		•	_	C		
Is any earth excavation pro an authorized and permitte If yes to above, please specify on	d use or deve					

The following must accompany this application:

• Two (2) copies of the project's Site Plan at an appropriate scale (such as 1" = 40') prepared and signed by a Connecticut licensed land surveyor and stamped with an embossed seal showing, as applicable:

A key map showing:

the location of the property in relation to surrounding areas

- the location of the lot in relation to public and/or private streets and access-ways
- the zoning district in which the lot is located
- A Class A-2 boundary survey including the names of abutting property owners
- A Site Development plan showing, if applicable:
 - Existing and proposed buildings and other structures on the site
 - Existing and proposed driveway, parking and loading areas
 - Existing and proposed grading with contours at two-foot intervals
 - The location of any wetlands and/or watercourses or areas of special flood hazard
 - The location of any proposed signs
 - Proposed site lighting including the location, size, height, intensity and hours of operation of all lighting fixtures
- o A utility plan showing:
 - The location and design of sewage treatment and water supply
 - The location and design of storm drainage facilities in compliance with the 2004 Connecticut Stormwater Quality Manual, as amended
 - The location and design of refuse disposal facilities
- A landscaping plan showing existing vegetation and proposed planning showing the Latin and common name of species used, quantity of each plant species and the size and height of the plans at the time of planting
- o Architectural plans and elevations
- o Construction notes and details
- A zoning informational table showing the existing use, proposed use, zone, size of the
 property in square feet and acres, gross floor area of existing and proposed structures,
 proposed ground coverage, proposed building height in stories and feet, number of
 parking and loading spaces (if any) required and provided (including handicapped)
- 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 (if applicable)
- Approval by Torrington Area Health District (if applicable) of the proposed water supply system and on site sewage disposal facilities
- o 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)
- Written proof documenting any claim of non-conforming use or variances (if applicable)

	1 1	,
0	Other:	

Please also refer to Articles 3 and/or 4 for additional information that may be required specific to this application.

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(s) required OR Letter of authorization from the owner(s) with an original signature to a designated agent							
Owner's Signature	Print Name		Date				
Applicant's Signature (if different)	Print Name		Date				
OF	FICIAL USE ONLY						
Date Application Received:		by:					
Date of Public Hearing:							
Legal Notice/Application filed with Town	n 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:							

October 2016