

# 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 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. BZA HISTORY AT THIS LOCATION [File Number, 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.

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## FORMS\2002SPapp.doc PAGE 2 OF 2 APPLICATION FOR DEVELOPMENT PERMIT DATA

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

### 1. Project Address:

A/K/A:

Tax Map-Block-Parcel(s)

Nearest Cross Street:

Census Tract-Block: 14\_\_\_\_-\_\_\_\_\_

	FOR CITY USE ONLY		
	File	Fee	Date:
<input type="checkbox"/> Check here if fee exempt.			
<input type="checkbox"/> As-of Right	_____	\$ _____	____/____/____
<input type="checkbox"/> Zoning Relief	_____	\$ _____	____/____/____
<input type="checkbox"/> Development Permit	_____	\$ _____	____/____/____
...includes <input type="checkbox"/> Site Plan Review <input type="checkbox"/> SESC <input type="checkbox"/> IW <input type="checkbox"/> CSPR			
<input type="checkbox"/> Flood Zone	_____	\$ _____	____/____/____
<input type="checkbox"/> Bond #	_____	\$ _____	____/____/____
<input type="checkbox"/> Permit #	_____	\$ _____	____/____/____

### 2. Property Owner Information & Consent

Name

Firm

Street Address

City

State

ZIP

Daytime Phone: \_\_\_\_\_

Business  Home  Answering Service

Fax: \_\_\_\_\_  Cel: \_\_\_\_\_

E-Mail \_\_\_\_\_

#### As OWNER OF THE PROPERTY I hereby authorize this development application(s), and

- consent to necessary and proper inspections of the above property by agents of the City at reasonable time after an application is made, and
- certify that I am familiar with all of the information provided in this application, and
- I am aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties, and
- certify that this project conforms to zoning or has applied for or been granted zoning relief.

Dated: \_\_\_\_\_, 200\_\_

Signature of **PROPERTY OWNER**

### 3. Applicant Information & Certification SAME AS OWNER (Fill in only if not the same as the owner.)

Name

Firm

Street Address

City

State

ZIP

Daytime Phone: \_\_\_\_\_

Business  Home  Answering Service

Fax: \_\_\_\_\_  Cel: \_\_\_\_\_

E-Mail \_\_\_\_\_

Check One:  Option Holder  Tenant  Other (Describe): \_\_\_\_\_

#### 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: \_\_\_\_\_, 200\_\_

Signature of **APPLICANT**

### 4. Authorized Agent Information SAME AS OWNER (Fill in only if not the same as the owner.)

**Check One:** The **AUTHORIZED AGENT** for the attached Development Application(s) is:

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

Name

Firm

Street Address

City

State

ZIP

Daytime Phone: \_\_\_\_\_

Business  Home  Answering Service

Fax: \_\_\_\_\_  Cel: \_\_\_\_\_

E-Mail \_\_\_\_\_

#### 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: \_\_\_\_\_, 200\_\_

Signature of **AUTHORIZED AGENT**

**PRIOR TO ISSUANCE OF A BUILDING PERMIT THE TAX COLLECTOR WILL CERTIFY THE OWNER AND APPLICANT OWE NO OUTSTANDING TAXES, OR THAT A TAX PAYMENT PLAN HAS BEEN APPROVED AND IS NOT IN DEFAULT.**