



# Town of Waterford

Department of Planning and Development

www.waterfordct.org

## Office Use Only

Date Submitted: \_\_\_\_\_

Processed By: \_\_\_\_\_

App. No.: \_\_\_\_\_

Total Fee: \$ \_\_\_\_\_

Electronic Submission

Waived: \_\_\_\_ Yes \_\_\_\_ No

## PZC Form 1

## Planning and Zoning Application

### 1. Type of Application(s), Use and Property Information (check all that apply)

- |                                                                    |                                                               |                                                       |
|--------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Informal Staff Review                     | <input type="checkbox"/> Site Plan/Design Review              | <input type="checkbox"/> Municipal Project (CGS§8-24) |
| <input type="checkbox"/> Special Permit/Design Review <sup>1</sup> | <input type="checkbox"/> Subdivision /Resubdivision           | <input type="checkbox"/> Lot line Adjustment          |
| <input type="checkbox"/> Zoning Map Change                         | <input type="checkbox"/> Regulation Amendment(s)              | <input type="checkbox"/> New District                 |
| <input type="checkbox"/> Multifamily Development                   | <input type="checkbox"/> Coastal Area Management <sup>2</sup> | <input type="checkbox"/> Earth Excavation             |
| <input type="checkbox"/> Flood Hazard Area                         | <input type="checkbox"/> Other: _____                         | <input type="checkbox"/> Other: _____                 |

Specify all uses and corresponding section for which this application applies<sup>3</sup>:

Use: \_\_\_\_\_ Section: \_\_\_\_\_

Use: \_\_\_\_\_ Section: \_\_\_\_\_

Use: \_\_\_\_\_ Section: \_\_\_\_\_

Name of proposed development/subdivision: \_\_\_\_\_ If subdivision how many lots?: \_\_\_\_\_

If applicable, are roadways proposed to be private, public or both:

☐ Private ☐ Public ☐ Both<sup>4</sup>

#### Parcel 1

Map/Block/Lot: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Street No. & Name: \_\_\_\_\_

Size SF/AC: \_\_\_\_/\_\_\_\_

Zoning District(s): \_\_\_\_\_

#### Parcel 2

Map/Block/Lot: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Street No. & Name: \_\_\_\_\_

Size SF/AC: \_\_\_\_/\_\_\_\_

Zoning District(s): \_\_\_\_\_

<sup>1</sup> Include a completed list of property owners with Parcel ID, name, address and mailing address. It is the applicant's responsibility to distribute all notices certified return receipt. Evidence of mailing shall be submitted prior to the start of the hearing. Failure to do so will delay the opening of the hearing.

<sup>2</sup> Coastal Site Plan reviews under Coastal Area Management §25.4 must submit a completed PZC Form 2 in addition to this PZC Form 1.

<sup>3</sup> The use listed must correspond to the exact use term noted within the zoning district as a permitted use allowed through site plan or special permit.

<sup>4</sup> A plan must accompany the application clearly delineating the limits of public and private roads.

## 2. Applicant Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant's Authority to File Application<sup>5</sup>**

☐ Legal Owner of Record

☐ Power of Attorney

☐ Contract to Purchase

☐ Other \_\_\_\_\_

## 3. Agent Information; if applicable

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Specify Nature of Agent**

☐ Attorney

☐ Civil Engineer

☐ Land Surveyor

☐ Design Professional; \_\_\_\_\_

☐ Other: \_\_\_\_\_

Bar/License/Reg. No.: \_\_\_\_\_

## 4. Property Owner(s) and Parcel(s) Information

Is owner co-applicant? ☐ Yes ☐ No

*Note: If landowner is an LLC, Corporation, Trust or other legal entity, attach the names, addresses and title of each member or officer, including agent(s). If same as applicant list 'Same'.*

|                   |                   |
|-------------------|-------------------|
| Name: _____       | Name: _____       |
| Title: _____      | Title: _____      |
| Company: _____    | Company: _____    |
| Address: _____    | Address: _____    |
| City/State: _____ | City/State: _____ |
| Zip Code: _____   | Zip Code: _____   |
| Telephone: _____  | Telephone: _____  |
| Fax: _____        | Fax: _____        |
| Email: _____      | Email: _____      |

<sup>5</sup> Applicant must submit evidence attesting to the authority to file application (i.e. deed, option for purchase, etc.)

## 5. Statement of Use

Attached a typed statement of use in conformance with the Zoning Regulations as described in Section 22.4.2. In addition include all hours and days of operation, size of buildings and number of stories, utilities servicing the parcel, variances received, number of employee and structures to be demolished.

## 6. Statement of Design Compatibility (Site Plans and Special Permits only)

Attach a statement describing how the building and site design is compatible with the neighborhood, character of Waterford and Zoning Regulations.

## 7. Consistency with Adopted Plan of Preservation, Conservation and Development (all applications)

Attach a statement attesting to how the proposed use, zone change, amendment or design is consistent with the most recent adopted Plan of Preservation, Conservation and Development (the Plan). Note relevant Plan section numbers and pages.

## 8. Natural and Cultural Resources

| Yes                      | No                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | % of Property |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Are inland wetlands present on site? Total SF/AC _____/_____                                                                                                                                                                                                                                                                                                                                                                                                                                     | _____         |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Are tidal wetlands present on site? Total SF/AC _____/_____                                                                                                                                                                                                                                                                                                                                                                                                                                      | _____         |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Are their known or suspected vernal pools on the property?                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |
| <input type="checkbox"/> | <input type="checkbox"/> | d. CT DEEP NDDDB: Are endangered, threatened or species of special concern suspected to be located on the property? <i>Applicant must attach an 8 ½ x 11 map of the most current CT DEEP Natural Diversity Database with site clearly identified regardless of response provided. If you answered yes to item d., attach a letter from CT DEEP stating the name of the specie(s) that are suspected to be on the property. See Section 22 of the Zoning Regulations for additional information.</i> |               |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Are floodplains or flood hazard areas on the property?                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |
|                          |                          | Identify: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Is the property located within a local, state or national historic district?                                                                                                                                                                                                                                                                                                                                                                                                                     |               |
|                          |                          | If yes identify district name: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Does the site possess any structures or sites listed on the local, state or national register of historic landmarks?                                                                                                                                                                                                                                                                                                                                                                             |               |
|                          |                          | If yes, identify: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |

## 9. Additional Information

Yes      No

- |                          |                          |                                                                                                   |
|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Is any part of the site within 500' of the Town line? Which town: _____                        |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Will any egress or ingress for the property use streets within an adjoining municipality?      |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Is any work proposed in wetlands or watercourses? Explain in Statement of Use                  |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Is any work proposed within 100 feet of a wetlands or watercourse? Explain in Statement of Use |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Is any work proposed within a floodplain or flood hazard area? Explain in Statement of Use     |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Is public water available or proposed to the site? Identify: _____                             |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Are public sanitary sewers available or proposed to the site? Identify: _____                  |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Is there a utility, drainage or other easement(s) on the site? Specify: _____                  |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Is open space proposed on the property?                                                        |

How much open space is proposed (SF/AC)? \_\_\_\_\_/\_\_\_\_\_ Percent of property(s) \_\_\_\_\_

Use and purpose of open space: \_\_\_\_\_

## 10. Previous Land Use Permits Associated with the Property(s)

Have previous permits been issued for the Property: ☐ Yes ☐ No (List singularly; attached additional pages if necessary)

Date Issued

Issuing Agency

Approved Use/Activity

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**11. Change of Zone, Regulation Amendment or New Zoning District, if applicable**

Yes      No

- ☐ ☐ a. Is this application for a new zoning district and/or regulation not presently established within the Zoning Regulations? If a new zoning district, distinguish type of zone proposed:

☐ Fixed Zone

☐ Floating Zone

☐ Overlay Zone

Identify proposed zone name: \_\_\_\_\_

For new regulations, list proposed section number(s) and titles(s):

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

- ☐ ☐ b. Is this application an amendment to an existing regulation? Attach proposed amendments, clearly noting any deletions, modifications or additions. List sections proposed to be modified:

i. \_\_\_\_\_

ii. \_\_\_\_\_

iii. \_\_\_\_\_

- ☐ ☐ c. Is this application for a change to a district already established within the regulations? Identify:

\_\_\_\_\_

Supporting materials:

For new zoning districts or a change in zone provide a legal description of the land involved in the zone district change including the following:

- Location map at 1"=1000'
- Accurate description and acreage of tract(s) to be changed with existing buildings and uses
- Show existing features including but not limited to contours at two-foot intervals, wetlands and watercourses, flood plains, all improvements and structures,
- All lots or parts of lots contained in an area within 500 feet in all directions of the zone change tract
- All lots shown in this area and within the zone change tract shall contain the name and address of owners as recorded in the Assessor's records and shall show the nature of use
- North point, and distance along road from nearest road intersection.
- Scale of map(s)

## 12. Bulk Zoning Requirements Table

Complete the following table, which must also be included on applicable drawings:

|                                  |                 |                 |
|----------------------------------|-----------------|-----------------|
| <b>Zoning District(s):</b> _____ |                 |                 |
| <b>Item</b>                      | <b>Required</b> | <b>Proposed</b> |
| Minimum Lot Size                 |                 |                 |
| Frontage                         |                 |                 |
| Front Yard                       |                 |                 |
| Side Yard                        |                 |                 |
| Rear Yard                        |                 |                 |
| Building Line                    |                 |                 |
| Building Coverage                |                 |                 |
| Parking <sup>6</sup>             |                 |                 |
| Landscaping                      |                 |                 |
| Impermeable Coverage             |                 |                 |
|                                  |                 |                 |
|                                  |                 |                 |

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<sup>6</sup> Attach method used to determine the number of parking spaces required.

### 13. Planning, Design and Engineering Team

Provide a list of all professionals responsible for the project. Additional pages attached, if necessary: ☐ Yes ☐ No

|                                |       |                                     |       |
|--------------------------------|-------|-------------------------------------|-------|
| Discipline:                    | _____ | Telephone:                          | _____ |
| Name:                          | _____ | Fax:                                | _____ |
| Company:                       | _____ | Email:                              | _____ |
| License(s)/<br>Accreditations: | _____ | License(s)/<br>Accreditation No(s): | _____ |

|                                    |       |                                  |       |
|------------------------------------|-------|----------------------------------|-------|
| Discipline:                        | _____ | Telephone:                       | _____ |
| Name:                              | _____ | Fax:                             | _____ |
| Company:                           | _____ | Email:                           | _____ |
| Licenses and/or<br>Accreditations: | _____ | License/<br>Accreditation No(s): | _____ |

|                                    |       |                                  |       |
|------------------------------------|-------|----------------------------------|-------|
| Discipline:                        | _____ | Telephone:                       | _____ |
| Name:                              | _____ | Fax:                             | _____ |
| Company:                           | _____ | Email:                           | _____ |
| Licenses and/or<br>Accreditations: | _____ | License/<br>Accreditation No(s): | _____ |

|                                    |       |                                  |       |
|------------------------------------|-------|----------------------------------|-------|
| Discipline:                        | _____ | Telephone:                       | _____ |
| Name:                              | _____ | Fax:                             | _____ |
| Company:                           | _____ | Email:                           | _____ |
| Licenses and/or<br>Accreditations: | _____ | License/<br>Accreditation No(s): | _____ |

|                                    |       |                                  |       |
|------------------------------------|-------|----------------------------------|-------|
| Discipline:                        | _____ | Telephone:                       | _____ |
| Name:                              | _____ | Fax:                             | _____ |
| Company:                           | _____ | Email:                           | _____ |
| Licenses and/or<br>Accreditations: | _____ | License/<br>Accreditation No(s): | _____ |

#### 14. Supporting Documentation

Itemize, including additional attachments, all information provided in support of the application. Titles, dates and sheet/map numbers shall correspond exactly with the corresponding information provided.

Additional pages attached, if necessary: ☐ Yes ☐ No

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

#### 15. For Informal Staff Review Use Only

*Sec. 7-159b – Pre-application review of use of property. Notwithstanding any other provision of the general statutes, prior to the submission of an application for use of property under chapters 124, 126, 440 and 541 or any other provision of the general statutes authorizing an authority, commission, department or agency of a municipality to issue a permit or approval for use of such property, such authority, commission, department or agency or authorized agent thereof may separately, jointly, or in any combination, conduct a pre-application review of a proposed project with the applicant at the applicant's request. Such pre-application review and any results or information obtained from it may not be appealed under any provision of the general statutes, and shall not be binding on the applicant or any authority, commission, department, agency or other official having jurisdiction to review the proposed project.*

I have read and understand the above provision of the Connecticut General Statutes and understand and agree that whatever discussion, comments and/or recommendations are made through this review are non-binding upon the parties.

Further, I acknowledge and agree that this pre-application review meeting is being conducted prior to and in anticipation of a formal application to the Waterford Planning and Zoning Commission or Conservation Commission to obtain feedback and response to the proposal or design, as it exists on this date, in the interest of preparing an application consistent with the Subdivision, Zoning or Wetlands regulations of the Town of Waterford as the case may be.

**Signature**

**Printed Name**

**Date**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Land Owner

\_\_\_\_\_  
Land Owner

## 16. Technical Assistance Review Fee

In accordance with the Waterford Code of Ordinance Chapter 16.08, the Commission may require third party technical assistance review for the evaluation of applications associated with but not limited to site plans, special permits, zone change and regulation amendments and may collect payment for costs associated with the review. This includes but is not limited to civil engineering, architecture, legal assistance, traffic engineering and environmental protection.

## 17. Acknowledgements; All applications

### *Application Content*

The undersigned hereby acknowledges that this application and statements submitted herewith are true to the best of my knowledge and approval of the application is contingent upon compliance with all requirements of said regulations.

### *Right of Entry and Inspection*

The undersigned hereby authorizes the Waterford Planning and Zoning Commission or its agents, to enter the subject property for the purposes of inspection and enforcement for the said Zoning Regulations until receipt of final Certificate of Occupancy and Certificate of Zoning Compliance.

### *Electronic Data Accuracy and Transmission*

If applicable, the undersigned hereby acknowledges that all electronic data submitted as part of this application is an accurate and true representation of all paper transmissions provided as part of this application and may be transmitted publically when requested and all applicable fees are paid in full by the requesting party.

**Signature**

**Printed Name**

**Date**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Land Owner

\_\_\_\_\_  
Land Owner