APPLICATION NO._____

TOWN OF COLCHESTER, CONNECTICUT

APPLICATION FOR SITE PLAN APPROVAL

This application form and five (5) sets of plans shall be submitted to the Zoning and Planning Commission Office no later than noon on the Thursday before the next regularly scheduled meeting, (the first and third Wednesday of the month excepting Holiday periods). A Statement of Use as described in Section 12.5.3.A shall be submitted in addition to this application.

NAME OF APPLICANT_____
(Please Print)

MAILING ADDRESS_____

_____TELEPHONE_____
(City) (State) (Zip)

OWNER OF RECORD_____
(Please Print)

MAILING ADDRESS_____

LOCATION OF BUILDING LOT_____

IS THIS PROPERTY LOCATED IN: _____ AQUIFER PROTECTION ZONE; _____LOCAL HISTORIC DISTRICT;

_____HISTORIC PRESERVATION OVERLAY ZONE

INTENDED USE(S) _____

SQUARE FOOTAGE OF USE(S)_____ZONE_____LOT SIZE_____

ASSESSOR'S MAP_____LOT_____

ENGINEER/SURVEYOR_____TELEPHONE_____

MAILING ADDRESS_____

CONTACT PERSON TO WHOM CORRESPONDENCE AND INQUIRIES SHOULD BE DIRECTED

NAME_____
(Please Print)

ADDRESS_____

_____TELEPHONE_____

_____ _____
APPLICANT(S) SIGNATURE OWNER(S) SIGNATURE

For Official Use:
APPLICATION SUBMITTED_____**ZPC FEE PAID**_____

FIRST ENGINEERING REVIEW FEE PAID_____

FIRST HEALTH REVIEW FEE PAID_____

Rev 12/03/04