

SITE PLAN / SPECIAL PERMIT APPLICATION

WESTPORT PLANNING and ZONING COMMISSION

FOR OFFICE USE ONLY

- SITE PLAN**
 SPECIAL PERMIT & SITE PLAN
 CAM SITE PLAN

Application # _____
Submission Date: _____
Receipt Date: _____
Fee: _____

1. Property Address (as listed in the Assessor's records) _____
2. Property ID# (9 Digits - staff will provide) _____ Zone: _____
3. This property is connected to: Septic or Sewer
4. Does this project involve demolition of structures 50+ yrs old or more? No If Yes = Visit HDC Rm 108, 341-1184.
5. Applicant's Name _____ Daytime Tel # _____
Applicant's Full Address _____ Zip Code _____
E-Mail: _____

NOTE: Below List Owner's Name(s) as it appears on the **DEED** (No abbreviations) If more space needed submit list.

6. Property Owner's Name _____ Daytime Tel # _____
Property Owner's Address _____ Zip Code: _____
E-Mail: _____
7. Agent's Name (if different): _____ Daytime Tel # _____
Agent's Address _____ Zip Code: _____
E-Mail: _____
8. Zoning Board of Appeals Case # (if any) _____
9. Existing Uses of Property: _____
10. Describe Proposed Project:

11. For Special Permits, please indicate the Special Permit Use and the specific section of the Zoning Regulations requiring a Special Permit for this use: _____

12. This property **Is** **Is Not** within 500 feet of an adjoining municipality.

13. List your Estimated time needed for your presentation at hearing: _____
The P&Z Director, his/her designee, or the P&Z Commission may require an applicant to pay for hiring one or more outside consultants to assist the P&Z staff and Commission in analyzing, reviewing and reporting on areas requiring technical review.

I hereby certify that the above information is correct and that I have submitted herewith all of the pertinent documentation required by the zoning application.

Applicant's Signature (If different than owner)

Owner's Signature (Must be signed ¹)

1. If the applicant is unable to obtain the signature of property owner, a letter of authorization signed by the property owner may be submitted instead, as per §43-3.3

FLOOR AREA and PARKING SPACES For This TENANT SPACE Address _____	<u>REQUIRED</u>	<u>EXISTING</u>	<u>PROPOSED</u>	<u>COMMENTS</u>
Office - Floor area (1:250)				
Healthcare Professional floor area (1:200)				
Retail - Floor area (1:180)				
Medical - Floor area (1:165)				
Patron Bar - Floor area (1:20)				
Rest. Patron - Floor area (1:50)				
Non Patron - Floor area (1:500)				
Apartment - # of bedrooms (varies)				
Bank Office - (1:250)				
Bank Customer Area - (1:220)				
Other - (Explain):				
Size of Parking Spaces: Standard (9' x 18):				
Small (8' x 16' min):				
Handicapped:				
Loading Spaces: Number and Size:				

APPLICATION REQUIREMENTS

- Plans & surveys must not exceed 24'x36
- All plans and surveys must also be in PDF digital format signed and sealed.
- All revisions, supplemental plans, reports, and/or documents will require a new digital copy.

1. **Application Form:** Must be filled out in its entirety. If any document is missing or incorrect the Application will not be accepted until we receive the items required.
2. **Application Fee** – Cash or Check, made payable to **Town of Westport**, per above fee schedule above.
Note: After-the-fact applications are subject to double the application fee
3. A written statement describing the existing and proposed use.
4. **Existing Conditions Survey:** 12 copies, signed and sealed & to scale as required in accordance with §44-1 of Westport Zoning Regulations
5. **Site Plan and/or Building Plans** (*if applicable*): 12 copies, detailed and to scale.
6. **Coastal Area Management Application:** If in the CAM zone, submit a copy of the completed CAM application along with P&Z Submission.
7. **Excavation & Fill:** A written narrative from the project Engineer identifying how the project conforms to excavation and fill standards listed in §32-8.3.2 of the Westport Zoning Regulations
8. **Neighbor Notification Process:** A week prior to submission email pandz@westportct.gov to prepare mailing materials. Preparation Fee is \$25, you will receive 250' neighbor list, assessor's map, field card & labels for both envelopes & certificate of mailing form. Envelopes with pre-stamped return address and required red stamp are additional \$.10 each. The proof of mailing must be returned to the office up to 48 hours after submission.

Note: The neighbor notifications must be mailed the same day as you submit your application. Premature mailings may result in a supplemental mailing.

9. The applicant is required to send written notice to the State Commissioner of Public Health and also to the local Water Company for any application located within Aquifer Protection Overlay Zone, which is depicted on the official Westport Zoning Map.

As per Pursuant to Public Act 06-53 - All P&Z & ZBA Applications received after 10-01-06.

P&Z Notice Letter

To whom it may concern:

Date: _____

This letter is being sent to you to make you aware of the Application listed below.

Notice is hereby given that _____ has filed a _____
(Applicant's Full Name) (List Type of Application)

For Listed Proposed Project Description below:

With the Town of Westport / **Planning and Zoning**

For approval for

(Address of Property)

The public hearing date for this application will be, scheduled at the discretion of the P&Z Commission.
A Notice of Public Hearing for this application will be published on the town's website.

To view application details please: Visit www.westportct.gov under *P&Z Pending Applications & Recent Approvals*.

To submit comments for above project: Mail or E-mail letter to pandz@westportct.gov.

For Future Reference:

If you wish to receive E-mail Notifications of future hearings follow these directions:

1. Go to Town Website at www.westportct.gov
2. On the top tool bar Click: **How Do I . . .**
3. On the left tool bar Click the following in order: **Communicate with the Town** then **Subscribe to Westport Emergency, Meetings, and News eNotifications**
4. Scroll down to **Meeting & News eNotifications** and type in your E-mail Address and your Name.
5. Click each **Board / Committee / Category** you want to receive E-mail Notifications from.
6. When you complete your selections, Click: **Submit**.
7. You will soon receive an E-mail confirmation.

Thank you, _____
(Applicant's Full Name)

MEMORANDUM

TO: Whom it may concern
FROM: Mary Young, Planning & Zoning Director
DATE: *November 01, 2018*
SUBJECT: Complete Applications & Receipt of Materials

THIS NOTICE IS FOR ALL APPLICANTS WHO FILE APPLICATIONS FOR REVIEW BY
THE **PLANNING & ZONING COMMISSION** *or* THE **ZONING BOARD OF APPEALS**

Applicants are to submit all materials necessary to review an application in a timely manner in order to allow for adequate time for review by staff, members of the Planning and Zoning Commission and/or members of the Zoning Board of Appeals.

Effective January 1, 2009 pursuant to Sections 43-4, 44-1, 46-4 and 52-3 all applicants must submit the required documents for an application at the time of submission in order to be considered a complete application. An application must be complete a minimum of 7 days prior to a public hearing. A public hearing will not be held for incomplete applications.

Subsequent plan modifications and/or supplemental materials may be submitted. However, pursuant to Section 43-3.2 and 52-3.2 such materials must be submitted at least 14 days prior to the scheduled public hearing date, subject to the exception below. This requirement may be waived by the Chairman of the elected Commission and/or Board at its discretion.

Materials submitted less than 14 days prior to a hearing will be received into the record as required in accordance with the Connecticut General Statutes. Items submitted less than 14 days prior to a public hearing or at a public hearing, may not be reviewed or discussed until the next scheduled hearing. A hearing may be left open if substantial materials are submitted by an applicant less than 7 days prior to the hearing to allow adequate time for review by staff, members of the Planning and Zoning Commission and/or members of the Zoning Board of Appeals. This requirement may be waived by the Chairman of the elected Commission and/or Board at its discretion.

Thank you for your cooperation.

cc: Planning & Zoning Commission
Zoning Board of Appeals

WESTPORT CONNECTICUT
PLANNING & ZONING
110 MYRTLE AVE TOWN HALL RM 203
WESTPORT, CT 06880
Tel: 203-341-1030 • 203-341-1079
Fax: 203-454-6145

September 01, 2018

Site Visits

Please be advised that a formal site visit of the Planning & Zoning Commission may be Scheduled prior to the Public Hearing at which the Application is scheduled. Staff will advise you if a formal site visit is scheduled.

Furthermore, Planning & Zoning Commission members and/or staff may decide to carry out informal, independent site visits to the subject property. These visits may take place during the two week period prior to the Public Hearing at which the Application is scheduled.

We thank you for your cooperation.

Please feel free to contact the Planning & Zoning office if you have any questions or there are any special circumstances which might affect site visits.

Mary Young,
Planning & Zoning Director