

MUNICIPAL IMPROVEMENT APPLICATION CGS §8-24
WESTPORT PLANNING and ZONING COMMISSION

CAM SITE PLAN

(Check if project is located within Coastal Boundary-see GIS map)

Submission Date: _____

1. Property Address 260 Compo Road South, Cabin #1
(As listed in the Assessor's records or N/A if not applicable)
2. Property ID# (9 Digits) C04 001 000 Zone District: AAA
3. This property is connected to: Septic or Sewer
4. Does this project involve demolition of a building 50+ yrs old or more?
 No If Yes = Visit HDC Rm 108, 203-341-1184.
5. Applicant's Name Town of Westport (EILEEN FLUG) Daytime Tel # 203-341-1043
6. Zoning Board of Appeals Case # (if any) _____
7. Existing Uses of Property: residential lease
8. Describe Proposed Project or Attach a Project Narrative: Cabin #1 is a residential leased property. The prior owner has moved out, and a new tenant has been selected according to the Policy for Rental of Residential Housing Units. The tenant would like to move in sometime in October.
9. This property Is Is Not within 500 feet of an adjoining municipality.
10. List your Estimated time needed for your presentation at hearing: 10 minutes

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 the First Selectman, a letter of authorization signed by the property owner may be submitted instead.