

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

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

To: Town of Westport, CT
Permit Issuing Departments

Re: Authorization, 260 Riverside Avenue

To whom it may concern,

Please be advised that this correspondence shall serve as authorization for William A Achilles Jr of Achilles Architects and their representatives to act as agents on our behalf, and apply for, assist in applying for, and obtaining any and all applications and/or permits that may be required for 260 Riverside Avenue, Westport, CT.

If there are any questions, please feel free to contact me.

Signed by Property Owner

8-12-2020

Date:

Property Owner's name and contact information below:

Alexander Gurevich
Riverside Avenue Holdings LLC

222 Post Rd.
Fairfield, CT. 06824
212-829-9200
AG@CTCFINANCE.COM

FLOOR AREA and PARKING SPACES For This TENANT SPACE	<u>REQUIRED</u>	<u>EXISTING</u>	<u>PROPOSED</u>	<u>COMMENTS</u>
Address _____				
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:				

32 PARKING SPACES EXIST INCLUDING 2 HANDICAPPED SPACES.
18 SPACES ARE REQUIRED FOR THE PROPOSED APARTMENT UNITS.
2 RESIDENTIAL BUILDINGS NOT INCLUDED IN THE COMPUTATIONS.