

# SITE PLAN / SPECIAL PERMIT APPLICATION

WESTPORT PLANNING and ZONING COMMISSION

FOR OFFICE USE ONLY

- SITE PLAN  
 SPECIAL PERMIT & SITE PLAN  
 CAM SITE PLAN

Application # PZ-20-  
Submission Date: 9/29/20  
Receipt Date: 10/8/20  
Fee: 6600.00

1. Property Address (as listed in the Assessor's records) 20 Saugatuck Ave, Westport CT 06880
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 HP Saugatuck LLC Daytime Tel # 914-642-9300  
Applicant's Full Address 4 West Red Oak Ln, Ste 200, White Plains, NY Zip Code 10604  
E-Mail: ghp@ghpoffice.com

**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 HP Saugatuck LLC Daytime Tel # 914-642-9300  
Property Owner's Address c/o Houlihan Parnes Realtors LLC 4 West Red Oak Ln, Ste 200, White Plains, NY Zip Code: 10604  
E-Mail: ghp@ghpoffice.com
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: Day Care Center and Office

10. Describe Proposed Project:

Requesting relief of one parking space to comply with zoning regulations so that Healthcare Professional office tenant can operate their business on the 2nd floor of the side brick building.

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: 5-10 minutes

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 <sup>1</sup> )

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