

# SITE PLAN / SPECIAL PERMIT APPLICATION

WESTPORT PLANNING and ZONING COMMISSION



**SITE PLAN  
SPECIAL PERMIT & SITE PLAN**



**CAM SITE PLAN**

FOR OFFICE USE ONLY

Application # PZ-25-00728

Submission Date: 12/8/25

Receipt Date: 12/8/25

Fee: \$435

1. Property Address (as listed in the Assessor's records) 180 Saugatuck Avenue, 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 Elizabeth Nega Daytime Tel # 509 329 8307

Applicant's Full Address 23 Surf Rd, Westport CT Zip Code 06880

E-Mail: Elizabeth.nega@yahoo.com

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

6. Property Owner's Name Elizabeth Nega

Property Owner's Address 23 Surf Rd, Westport CT

E-Mail: Elizabeth.nega@yahoo.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: Office

10. Describe Proposed Project:  
Medical Office. Interior renovations of current space.

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: 15 to 30 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.

Elizabeth Nega  
Applicant's Signature ( If different than owner )

Elizabeth Nega  
Owner's Signature ( Must be signed )

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

RECEIVED  
DEC 03 2025  
WESTPORT P. & Z. C.

<b>FLOOR AREA and PARKING SPACES</b> <i>For This TENANT SPACE</i>	<b><u>REQUIRED</u></b>	<b><u>EXISTING</u></b>	<b><u>PROPOSED</u></b>	<b><u>COMMENTS</u></b>
<b>Address</b> _____				
<b>Office</b> - Floor area (1:250)				
<b>Healthcare Professional</b> floor area (1:200)				
<b>Retail</b> - Floor area (1:180)				
<b>Medical</b> - Floor area (1:200)	14	11	14	Requires Changing Existing Entrance
<b>Patron Bar</b> - Floor area (1:20)				
<b>Rest. Patron</b> - Floor area (1:50)				
<b>Non Patron</b> - Floor area (1:500)				
<b>Apartment</b> - # of bedrooms (varies)				
<b>Bank Office</b> - (1:250)				
<b>Bank Customer Area</b> - (1:220)				
<b>Other</b> - (Explain):				
<b>Size of Parking Spaces:</b> Standard (9' x 18):				
Small (8' x 16' min):				
Handicapped:				
<b>Loading Spaces:</b> Number <i>and</i> Size:				