



Town of Stafford, CT
 1 Main Street, Stafford Springs, CT 06076
PLANNING & ZONING COMMISSION
 (860) 684-1775 · Fax (860) 684-1768

P&Z SITE PLAN APPLICATION

PERMIT No. _____

FEE: Fee of \$120 received? YES ___ NO ___

DATE: _____

APPLICANT: _____ **PHONE:** _____

Address _____

PROPERTY ADDRESS: _____

MAP # _____ LOT # _____ ZONE: _____ Flood Zone _____ Panel No. _____

PROPERTY OWNER: _____ **PHONE:** _____

Address _____

ENGINEER: _____ **PHONE:** _____

Address _____

BRIEF EXPLANATION of Site Plan:

APPROXIMATE COST of the entire project is: \$ _____

ABUTTING PROPERTY OWNERS: (Names & Addresses. Attach a separate paper if necessary.)

- A. _____
- B. _____
- C. _____
- D. _____

YES ___ NO ___ Is any portion of property within 500 feet of the boundary of an adjoining municipality?

YES ___ NO ___ I have provided a Site Plan and copies as required in Sec. 6.11 of the Stafford Planning & Zoning regs.

Signature of Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____

***** FOR OFFICIAL USE ONLY *****

PUBLIC HEARING DATE: _____

YES ___ NO ___ **APPROVED** by North Central District Health Department . Signature: _____

YES ___ NO ___ **APPROVED** by Inland Wetland Watercourses Commission. Signature: _____

YES ___ NO ___ **APPROVED** by Water Pollution Control Authority . Signature: _____

(Continued on reverse side)

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ADDITIONAL Requirements or Comments: _____

This **SITE PLAN** is:

_____ **APPROVED**

DATE: _____

_____ **DENIED**

DATE: _____

APPROVED by:

DATE: _____