Town of Stafford, CT

1 Main Street, Stafford Springs, CT 06076

ZONING BOARD OF APPEALS
(860) 684-1775 · Fax (860) 684-1768

ZBA SPECIAL USE PERMIT APPLICATION

SUP No. _____

FEE: Fee of $_____ plus mandatory State fee of $60 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 need for Special Use Permit:

_____

_____

_____

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)

"In accordance with the Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD)."

ADDITIONAL Requirements or Comments: _____

_____

_____

_____

This **SPECIAL USE PERMIT** IS:

_____ **APPROVED** DATE: _____

_____ **DENIED** DATE: _____

SIGNATURES of Commissioners:

_____ DATE: _____

_____ DATE: _____

_____ DATE: _____

_____ DATE: _____

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