



Town of Stafford, CT

1 Main Street, Stafford Springs, CT 06076-1208
PLANNING & ZONING COMMISSION
(860) 684-1793 · Fax (860) 684-1768

BOND
Date: _____
Amt: \$ _____

TEMPORARY PROCESSING PERMIT

FEE: Fee of \$50.00 as required in Sec. 6.70 received? YES ___ NO ___ DATE: _____

APPLICANT: _____ Phone: _____

Address: _____

APPLICANT'S REPRESENTATIVE: _____ Phone: _____

Address: _____

PROPERTY OWNER: _____ Phone: _____

Address: _____

ENGINEER: _____ Phone: _____

Address: _____

ZONE: _____ **LOCATION:** (List Abutting Streets) _____

DESCRIPTION: Provide a brief explanation of proposed operation _____

SCOPE OF WORK: The approximate amount of material to be excavated or filled: _____

BLASTING: Does proposed operation include blasting? NO ___ YES ___ (if yes, see below)

Indicate the amount of area to be blasted: _____

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

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

YES ___ NO ___ I have provided a boundary and location map, and plan as required in Sec. 5.01 of the Stafford Planning & Zoning Regulations and I have submitted two (2) additional copies of each.

YES ___ NO ___ I have examined and familiarized myself with ALL Planning & Zoning Regulations including Sec. 5.01

APPLICANT Signature: _____ Date: _____

OWNER Signature: _____ Date: _____

INLAND/WETLANDS APPROVAL: _____ Date: _____

PUBLIC HEARING DATE: _____ **EXPIRATION** DATE of this permit: _____

APPLICATION: APPROVED ___ DISAPPROVED ___ **PERMIT #** _____ Date: _____

ADDITIONAL Requirements or Comments: _____

SIGNATURES of Commissioners:

