



**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**  
**AUTO REPAIR & SALES**

PERMIT 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)

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**ADDITIONAL** Requirements or Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This **SPECIAL USE PERMIT** IS:

\_\_\_\_\_ **APPROVED**

DATE: \_\_\_\_\_

\_\_\_\_\_ **DENIED**

DATE: \_\_\_\_\_

**SIGNATURES** of Commissioners:

\_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_