



Application # _____

**TOWN OF PLAINFIELD
PLANNING AND ZONING COMMISSION
APPLICATION FOR SPECIAL PERMIT**

Any person seeking a Special Permit must submit this application, the required application fee and any accompanying information required by the Zoning Regulations, no later than 14 days prior to the next regular meeting of the Planning and Zoning Commission. Regular meetings are held on the second Tuesday of each month.

Name of Applicant _____
(Please Print)

Mailing Address _____

(City) (State) (Zip) Telephone _____

Owner of Record _____
(Please Print)

Mailing Address _____

(City) (State) (Zip) Telephone _____

If applicant is not the owner, indicate applicant's interest in the land _____

Map _____ Block _____ Lot _____ Zoning District _____ Acreage _____

Location of Property _____

Description of Project/Activity _____

Section(s) of the Zoning Regulations under which this application is made _____

Applicant Certification: The information provided in this application and the accompanying materials is true and accurate to the best of my knowledge. I am aware of the penalties for obtaining Special Permit approval through deception, inaccurate or misleading information. I hereby authorize the Planning and Zoning Commission and its agents to inspect the subject property, at reasonable times, both before and after a final decision is made.

Signature of Applicant

Signature of Owner

For Official Use:

Date Received: _____ Fee Paid: _____ Received By: _____

ILLCIT DISCHARGE CERTIFICATION TEMPLATE

To be included with all PZC applications for change of use, site plan review and special permit (with the exception of accessory apartment special permit)

(May be waived by the Commission)

Month, Day, Year

Town of Plainfield
Planning & Zoning Commission
8 Community Ave.
Plainfield, CT 06374

Re: Project Name, Address
Non-Stormwater Discharge Certification

The following is a description of the steps taken to ensure that there are no unpermitted non-stormwater discharges at this facility and the certification thereof:

Visual Inspection: (provide description)

Smoke Test: (provide description)

Dry Weather Observation: (provide description)

Review of Plans and Records: (provide description)

Rooftop Inspection: (provide description)

I certify that in my professional judgment, the discharge from the site consists only of stormwater or of stormwater combined with allowable non-stormwater discharges pursuant to State Statutes. This certification is based on testing and evaluation of the stormwater discharge from the site. I further certify that no interior building floor drains exist which are connected to any storm drainage system or which may otherwise direct interior floor drainage to exterior surfaces unless such floor drain connection has been approved and permitted.

Certifier

PE License No. _____