

# PLANNING AND ZONING DEPARTMENT

MUNICIPAL CENTER, 196 NORTH MAIN STREET  
SOUTHINGTON, CONNECTICUT 06489  
PHONE (860) 276-6248



Fee: See fee schedule  
+ Fire Department plan review fee

## SITE PLAN APPLICATION

Date: \_\_\_\_\_ Application Site Plan # \_\_\_\_\_

Owner name and mailing address (please print):

Applicant name and mailing address (please print):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax # \_\_\_\_\_  
Email \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax # \_\_\_\_\_  
Email \_\_\_\_\_

Address of Property \_\_\_\_\_

Assessor's Map # \_\_\_\_\_ Parcel # \_\_\_\_\_

Nature and Description of Application: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is any portion of the site within 500 ft. of an adjoining Town Boundary? \_\_\_\_\_

Zone: \_\_\_\_\_ Zoning Regulation Authorizing: \_\_\_\_\_

Square footage of proposed building (s) at ground level: \_\_\_\_\_ Total: \_\_\_\_\_

Name of Engineer with mailing address (please print): \_\_\_\_\_

\_\_\_\_\_

Engineer's Telephone: \_\_\_\_\_  
Fax # \_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_

If application requires a special permit, special exception or variance, please provide one copy of each.

***Please submit in digital form (PDF) and include seven (7) paper copies of site plan***

Signature of Owner or Applicant \_\_\_\_\_