

# PLANNING AND ZONING DEPARTMENT

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



FEE: See fee schedule

## SPECIAL PERMIT APPLICATION

Date: \_\_\_\_\_

SPU # \_\_\_\_\_

Owner name and mailing address (please print):

Applicant name and mailing address (please print):

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

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

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

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

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Address of Property: \_\_\_\_\_ Zone: \_\_\_\_\_

Assessor's Map # \_\_\_\_\_ Parcel: \_\_\_\_\_ Volume: \_\_\_\_\_ Page: \_\_\_\_\_

Is any part of this property within 500 ft. of a Town boundary? \_\_\_\_\_

Zoning Regulation authorizing: \_\_\_\_\_

Nature of Special Permit: \_\_\_\_\_

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

Signature of Applicant/Owner/Agent: \_\_\_\_\_

Please Print: \_\_\_\_\_

Please include 7 copies of the boundary map, general development plan, 500 foot\* radius map with all owners listed, a reduction of the application area showing surrounding streets (i.e., not exceeding 8 ½ in. by 11 in. in size), and any other exhibits.

NOTES: 1. AN APPROVAL OF A SPECIAL PERMIT ONLY BECOMES EFFECTIVE AFTER PROPER NOTICE HAS BEEN PUBLISHED AND THE APPLICANT HAS FILED A COPY OF HIS/HER APPROVAL LETTER WITH THE TOWN CLERK ON THE LAND RECORDS (SEC. 8-3c OF THE CONNECTICUT GENERAL STATUTES). 2. THE APPLICANT MUST SUBMIT A STAMPED COPY (BY THE CLERK) OF THE SUBMITTAL TO THE CLERK WHICH NOTES THE VOLUME AND PAGE NUMBER IN THE LAND RECORDS WHEN APPLYING FOR A SUBSEQUENT PERMIT OR A ZONING PERMIT. 3. AN APPROVED SPECIAL PERMIT USE NOT FILED ON THE LAND RECORDS WITHIN ONE YEAR BECOMES NULL AND VOID. A ONE-YEAR EXTENSION MAY BE GRANTED BEFORE THE APPROVALS FIRST ANNIVERSARY DATE (SECT. 8.D.7.5 OF THE ZONING REGULATIONS).

**\*For a parent/grandparent apartment Special Permit applications only, a 250 foot radius map with all owners listed is to be provided.\***