

PLANNING & ZONING COMMISSION
PROSPECT, CONNECTICUT
SPECIAL PERMIT APPLICATION
THIS FORM MUST BE COMPLETELY FILLED OUT BY THE APPLICANT
(Please type or print legibly)

APPLICANT _____ TELE# _____

EMAIL: _____

MAILING ADDRESS _____

OWNER OF RECORD _____ TELE# _____

MAILING ADDRESS _____

LOCATION OF PROPERTY: _____

ASSESSOR'S MAP PLATE # _____ LOT # _____ LAND RECORDS: Vol. _____ Page _____

I hereby apply for a Special Permit for: _____

Have any previous applications been filed in connection with this Special Permit application?

Yes ___ No ___ If yes, describe briefly: _____

All the above statements and the statements contained in any documents and plans submitted herewith are true to the best of my knowledge.

Signature – Applicant(s)/Owner of record

Date

THIS APPLICATION MUST BE ACCOMPANIED WITH THE FOLLOWING:

1. If the applicant is other than the property owner, a letter signed by the property owner(s) authorizing the applicant to proceed with the Special Permit application at the above address must be submitted to the Planning & Zoning Commission.
2. (1) Original and Eight (8) copies of detailed plans of the proposal as required by the Zoning Regulations or as otherwise required, (depending upon the nature of the application).
3. An application fee in the amount of \$ _____ and State of CT fee in the amount of \$ _____
4. The names and current mailing addresses (as derived from the Assessor's Records) for all abutting property owners, including those properties separated by a common roadway from the applicant's.

DATE OF OFFICIAL RECEIPT _____