

TOWN OF BETHEL
PLANNING & ZONING COMMISSION
1 School Street
Bethel, Connecticut 06801
p(203) 794-8578 f(203) 778-7518

DATE SUBMITTED:

bethel-ct.gov

APPLICATION FORM

Appl. #

PROPERTY ADDRESS: _____

ZONE: _____ TAX MAP #: _____ BLOCK#: _____ TAX LOT#: _____

APPLICANTS' NAME: _____

APPLICANT'S ADDRESS: _____

Phone# _____ Fax or email: _____

OWNER of RECORD: _____

OWNER'S ADDRESS: _____ Phone#: _____

ENGINEER of RECORD: _____

ADDRESS: _____

Phone #: _____ Fax or email: _____

- Who is the PRIMARY CONTACT person? Applicant Owner Engineer Attorney
- Is the subject property within 500ft. of an adjoining municipality? NO YES
- The Site: Public Sewer Public Water Supply Wetlands Present Aquifer Zone Watershed Supply
 Septic System Private Well 100 Yr. Flood Zone Village District Protection Zone

APPLICATION TYPE

- Site Plan**---(refer to § 8.4 of the Zoning Regulations & the Site Plan checklist must be completed).
- Special Permit**---(refer to § 8.5 of the Zoning Regulations & the Site Plan & Special Permit checklists must be completed).
- Excavation & Fill Permit**---(refer to § 6.4 of the Zoning Regulations & complete the required checklist).
- Subdivision**--- Refer to Chapter 95 (Subdivision of Land) of the Town Code **Gross Acreage** _____
- Re-Subdivision** Subdivision checklist must be completed with *either* application. **Number of Lots** _____
- Zoning Text Amendment**---(refer to § 8.6 of the Zoning Regulations & complete the required checklist)
- Zoning Map Amendment**---(refer to § 8.7 of the Zoning Regulations & complete the required checklist)
From Zone: _____, to Zone: _____
- Accessory Apartment**---(refer to § 3.6.C of the Zoning Regulations and complete the required checklist)
- OTHER** _____

Project Description _____

APPLICANT(S) SIGNATURE (if different than owner)

OWNER(S) SIGNATURE (required or Letter of Authorization in lieu of)

Please refer to Article 8-Procedures in the Zoning Regulations and the Appendix for detailed process information, forms and checklists

Property Address: _____

FOR OFFICIAL USE ONLY

APPLICATION #

Submission Date: _____

(Date Application is submitted to office)

Date of Receipt: _____

(Next meeting date or 35 days after submission whichever is sooner)

Hearing Date: _____

(Date of commencement of public hearing)

Close of Public Hearing—Date: _____

(within 35 days of hearing date)

Render a decision—Date: _____

(within 65 days after a public hearing closes)

Extensions Granted for _____

Extensions of time frames—When a Public Hearing is required

The applicant can consent to extend time frame for any of the steps, but **the total of all extensions together cannot exceed 65 days**

When there is no public hearing required for a Subdivision or Site Plan a decision must be rendered **within 65 days of official receipt**. The applicant can consent to extend time frame for rendering a decision for up to 65 days.

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REQUIRED REPORTS

DATE SENT

DATE RECEIVED

TOWN ENGINEER _____

ZONING OFFICIAL _____

HEALTH DEPARTMENT _____

PUBLIC UTILITES COMM. _____

POLICE COMMISSION _____

FIRE MARSHAL _____

INLAND WETLANDS _____

HVCEO _____

TREE WARDEN _____

WATER UTILITY _____

OTHER MUNICIPALITIES _____

CT STATE **DOT** _____

CT STATE **DEP** _____

OTHER _____