

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

DATE SUBMITTED: **TOWN OF BETHEL**  
**JAN 28 2026**  
Appl. # **LAND USE DEPT.**

**APPLICATION FORM**

PROPERTY ADDRESS: 49 Putnam Park Rd.

ZONE: \_\_\_\_\_ TAX MAP #: \_\_\_\_\_ BLOCK#: \_\_\_\_\_ TAX LOT#: \_\_\_\_\_

APPLICANTS' NAME: Rose Marino

APPLICANT'S ADDRESS: 49 Putnam Park Rd. Bethel, CT 06801

Phone# 845-480-6850 Fax or email: rose-marino@outlook.com

OWNER of RECORD: Rose Marino

OWNER'S ADDRESS: \_\_\_\_\_ Phone#: 845-480-6850

ENGINEER of RECORD: Ralph Gallagher

ADDRESS: \_\_\_\_\_


Phone #: 203-798-9640 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 3 One-Bedroom Units Under 8-30g

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