TOWN OF BETHEL

DATE SUBMITTED:

PLANNING & ZONING COMMISSION

1 School Street
Bethel, Connecticut 06801
p(203) 794-8578 f(203) 778-7518
bethel-ct.gov

APPLICATION FORM

Appl. #

PROPERTY ADDRESS: 16 Stony Hill Road, Bethel CT

ZONE: RT-6 **TAX MAP #:** 59 **BLOCK#:** 108 **TAX LOT#:** 5

APPLICANTS' NAME: James McNamara, VMD. Bethel Veterinary Hospital

APPLICANT'S ADDRESS: 25A Turkey Plain Road, Bethel CT

Phone# 203- 313 - 2285 **Fax or email:** manager@bethelveterinary.com

OWNER of RECORD: JAMM Real Estate LLC

OWNER'S ADDRESS: 16 Stony Hill Road, Bethel CT **Phone#:** 203- 448 - 7964

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 Protection Zone**
☐ **Septic System** ☐ **Private Well** ☐ **100 Yr. Flood Zone** ☐ **Village District**

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 Renovation of existing building to become multiple tenant spaces.
Change of use to allow a tenant space to become Animal Urgent Care & Boarding Facility

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 OFFICAL USE ONLY ***APPLICATION #***

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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	_____	_____