# CITY OF NEW LONDON

## OFFICE OF DEVELOPMENT & PLANNING

### PLANNING●ZONING●WETLANDS DIVISION

**181 State Street New London, CT 06320•Phone (860) 437-6379•**

Applications and all supporting materials (**18 COPIES/SETS OF EACH PLUS THE ORIGINAL**) shall be submitted to the Office of Development and Planning at least twenty (20) days prior to a regularly scheduled meeting in order to be received at that meeting.

Please be advised that this application will not be considered complete unless all of the information required on this form and outlined in the Zoning Regulations is submitted. The Commission will reject the proposal if the application and/or plans are incomplete.

**1. For the following activity: (Check the Applicable Type of Application)**

- ❑ Coastal Site Plan
- ❑ CTGS 14-54 Location Approval
- ❑ Façade Review
- ❑ Special Permit
- ❑ Special Permit Modification
- ❑ Site Development Plan
- ❑ Site Development Plan Modification

2. _____

**Street Address of Proposed Activity**

**3. Briefly describe the proposed activity or the purpose of application:**

_____

_____

_____

_____

4. _____

**Tax Map/Block/Lot** **Lot Area** **Zoning District**

_____

**Building Gross Floor Area (GFA)** **Area of Building for Proposed Use**

**5. Is the property located within 500 feet of the City Line? YES □ NO □**

**6. Has the appropriate Inland Wetland Application been submitted? YES □ NO □**

**7. Is any portion of the site within the Coastal Area Management Boundary? YES □ NO**

**8. Is any portion of the site within a Flood Hazard Area? YES □ NO □**
***(May Be Verified with City's Building Official)***

**9. Has any previous application been filed with the Planning & Zoning Commission in connection with these premises? YES □ NO □**

| TYPE OF APPLICATION | DATE OF APPLICATION |
|---|---|
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| | |

**10. Attach a letter addressed to the Planning and Zoning Commission that thoroughly describes the following:**

- ❑ The nature of the business
- ❑ Products or Services to be offered
- ❑ Number of Employees
- ❑ Hours/Days of Operation
- ❑ Internal Changes to Building
- ❑ External Changes to Building
- ❑ Noise, vibrations, air pollution, glare/heat, electromagnetic radiation, dangerous materials/hazardous wastes
- ❑ Any other relevant information or impact, positive or negative, to the neighborhood.

**11. <u>The following information should also be included:</u>**

- ❑ Location map (500' scale)
- ❑ Floor plan (entrances/exits, windows, shelving, partitions, stairs, bathrooms, storage, hallways, usage of each area, and any other relevant information.
- ❑ Plot plan – in place of A-2 survey and a Site Development Plan if waiver granted (dimensions of lot, dimensions of proposed structures, adjacent streets/side walks, other existing uses, external lighting, landscaping, dimensions of existing structures, distances from structures to property lines, portion of building to be used, parking areas/spaces (minimum 8 ½' x 18') for customers/employees, curb cuts, any other relevant information)
- ❑ Façade/Elevation Drawings
- ❑ Other _____

**The undersigned hereby acknowledges that this application and statements submitted herewith are true to the best of his/her knowledge and conform to the Zoning Regulations of the City of New London and that approval of the plan is contingent upon compliance with all requirements of said regulations. The undersigned hereby authorizes the New London Planning & Zoning Commission and its agents, the right to enter upon the subject property for the purpose of inspection and enforcement of the Zoning and Subdivision Regulations. <u>ALL NAMES MUST BE PRINTED AND SIGNED.</u>**

APPLICANT (PRINT)***(If a Corporation – Please Print Name of Member Representing Corporation)***

ADDRESS EMAIL

TOWN/CITY STATE ZIP PHONE NUMBER

APPLICANT'S SIGNATURE DATE

AGENT (PRINT)

ADDRESS EMAIL

TOWN/CITY STATE ZIP PHONE NUMBER

AGENT'S SIGNATURE DATE

PROPERTY OWNER (PRINT)

***Upon penalty of perjury, I represent by this signature that I have the consent, authority and agreement of all other owners of the involved properties to submit this application.***

ADDRESS EMAIL

TOWN/CITY STATE ZIP PHONE NUMBER

PROPERTY OWNER(S) SIGNATURE DATE

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***Upon penalty of perjury, I represent by this signature that I have the consent, authority and agreement of all other owners of the involved properties to submit this application.***