

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# _____

MAILING ADDRESS _____ EMAIL _____

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: _____

Please attach a detailed statement of use explaining your business; what do you do in your business, list the number of employees, hours of operation, days of the week the business will operate, will clients be visiting the property?

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. Ten (10) 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 \$ _____
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 applicants.

DATE OF OFFICIAL RECEIPT _____

**** If the applicant is not the owner and does not sign the application please provide a separate letter of authorization from the property owner granting permission to submit the application. *****