



Town of Durham, Connecticut

P.O. Box 428, Durham, Connecticut 06422-0428
(860) 349-8253 (Ext. 3)

Application for Site Plan Review / Special Permit / Home Occupation

Applicant Information

Name: _____ Phone: _____
Applicant's Name(s)

Address: _____
Street Address *Apartment/Unit #*

_____ *State* *ZIP Code*
City

Phone: _____ Email _____

Parcel Owner Information (as found on Deed)

Name: _____ Phone: _____
Applicant's Name(s)

Address: _____
Street Address *Apartment/Unit #*

_____ *State* *ZIP Code*
City

Phone: _____ Email _____

Specific Parcel Information

Parcel
Address: _____
Address of Parcel

Assessor's
Information _____
Map Number *Block Number* *Parcel Number*

Zone: _____ Current Use: _____

Description of Proposed Activity

Description of
Proposed Use(s)
and/or Structures: _____

Section under
which application
is being made: _____

Checklist of Requirements (To be completed by Town of Durham)

Site Plan Drawings attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	Drawing(s):	_____
Notices to Abutters attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	Certificates of Mailing:	_____
Sign Posted at the Site?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	Date of ZEO Inspection:	_____
Is Wetlands approval required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	Date of IWWA Approval:	_____
Is site located in Historic District?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	APCOA Number:	_____
Is ZBA approval required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	Date of ZBA Approval:	_____
Have applicable fees been received?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	Received by:	_____

(Note: Fees shall be calculated and assessed in accordance with Section 12-2 of the Town of Durham Code of Ordinances)

Applicant & Parcel Owner's Affidavit and Signatures

I certify that all information provided to the commission is accurate and complete to the best of my knowledge. I understand that providing false or misleading information to the commission in either this application or any presentation before the commission regarding this application may result in a reversal of its approval. Both the applicant(s) and owner(s) hereby grant the Durham Planning & Zoning Commission and/or its agents permission to enter upon the property for which this Site Plan Review and/or Special Permit is requested, for the purpose of inspection and enforcement of the Zoning Regulations of the Town of Durham, Connecticut, provided that a minimum of 72 hours advance notice has been provided to the applicant(s) or owner(s). This permission shall be valid for a period of 180 days following the Commission's Date of Receipt* of this application.

Applicant (s)
Signature: _____ Date: _____

Owner(s)
Signature: _____ Date: _____

Decision of the Commission

Date Application Received by P&Z Commission*	Date of Public Hearing	Date of Decision	Date of Publication of Legal Notice
<i>Month Day Year</i>	<i>Month Day Year</i>	<i>Month Day Year</i>	<i>Month Day Year</i>

Conditions of Approval: _____

Approved: _____
Signature of the Chairperson; Planning & Zoning Commission or Zoning Enforcement Officer *Date*

Not Approved: _____
Signature of the Chairperson; Planning & Zoning Commission or Zoning Enforcement Officer *Date*