

**TOWN OF NEWTOWN LAND USE AGENCY
APPLICATION FOR PLANNING & ZONING**



- | | |
|---|---|
| <input type="checkbox"/> Special Exception | <input type="checkbox"/> Subdivision |
| <input type="checkbox"/> Special Exception Use | <input type="checkbox"/> Re-Subdivision |
| <input type="checkbox"/> Amendment to Special Exception | <input type="checkbox"/> Zone Change |
| <input type="checkbox"/> Site Development Plan | <input type="checkbox"/> Text Amendment |

APPLICANT

Name: _____

Mailing address: _____

Email address: _____

Phone numbers: Cell _____ Business _____

Agents, Corporation, or Officers of Corporation authorized to act on this application (Authorization letter of approval must be attached): _____

PROPERTY (if applicable)

Property address: _____

Parcel(s) location on Assessor's: Map _____ Block _____ Lot _____

Property Unique ID number _____

Property owner (leave blank if same as applicant): _____

Persons having 10% or larger interest (if applicable): _____

Names and addresses of mortgagees and other persons claiming interest in the parcel: _____

Is the property within 500 feet of an adjoining municipality? ☐ Yes ☐ No

Is the property within the Aquifer Protection District or a public watershed area? ☐ Yes ☐ No

Is the property within Newtown Sewer District? ☐ Yes ☐ No

Is the property within a Special District (Article VI of the Zoning Regulations)? ☐ Yes ☐ No

DESCRIPTION

Briefly describe the proposed use for which the application is filed: _____

List the sections of the Zoning Regulations that permit the proposed use: _____

SUBDIVISION OR RE-SUBDIVISION (if applicable)

- ☐ Open Space Conservation: ☐ Subdivision ☐ Re-Subdivision
or
☐ Conventional: ☐ Subdivision ☐ Re-Subdivision

1. Certifying Professional Engineer: _____
2. Land Surveyor: _____
3. Proposed total number of lots: _____
4. Number of feet of new road construction: _____
5. Property size: _____
6. Open Space: ☐ Size required _____ Size offered _____
 or
 ☐ Fee in lieu of amount _____

As per § 3.03.700-707 of the Subdivision Regulations, you must include an Archaeological Assessment Study with your application; please refer to the above-mentioned sections of the Subdivision Regulations for details.

ZONE CHANGE (if applicable)

1. Provide dates and description of any previous change, special exceptions and/or variances requested for the same property or portion of thereof.
2. Provide four maps in suitable scale (1" = 40') or less showing:
 - a. Property boundaries in metes and bounds
 - b. Area of property
 - c. Current zone boundaries on property
 - d. Current areas and percentages of property in different zone.
 - e. Proposed zone boundaries on property
 - f. Area and percentage of property in proposes zone(s)
 - g. Current land uses of property.
3. Provide four maps of area of zone change with all other properties within 500' radius (1"=100') showing:
 - a. Current zoning of all property
 - b. All other property within 500' radius owned by applicant
 - c. All properties that will become non-conforming uses as a result of requested change

When in the opinion of the Planning and Zoning Commission, a proposed zone change will have little or no significant impact on drainage or traffic conditions, the requirement for such information may be waived upon written request by the applicant.

Please see the Zoning Regulations regarding abutter notice instructions and to determine how many copies of each document are needed.

Applicant or Authorized Agent Signature

Date

Print Name

Address

Office Use Only

Received by _____

Application # _____

Date _____

Fee _____

NOTIFY ABUTTERS OF PUBLIC HEARING
(All applications except text amendments)

- A. Notify all abutters by mail who own land within a 500' radius of the parcel.
- B. Obtain a list of abutters which can be found on the Town website under Technology/GIS.
- C. Add the abutters' addresses to Post Office Form "PS Form 3665" and have the form stamped and processed at the Post Office.
- D. Mail the "Notification Form" to each abutter at least ten days prior to public hearing date.
- E. Submit "PS Form 3665" and the notarized "Affidavit" at or before the public hearing.
- F. Zone Change applications must ALSO include all property owners within the area of the requested zone change including street address and map/block/lot. Zone changes initiated by the Newtown Planning and Zoning Commission shall be exempt from these provisions.

NOTIFICATION FORM

Dear _____

Be advised that _____ has applied for
Applicant

_____ a Change of Zone

_____ a Subdivision

_____ a Re-subdivision

_____ a Special Exception or Amendment Thereof

_____ a Special Exception Use

_____ a Site Development Plan

for property located at the following address:

Street Name and Number

Map

Block

Lot

The proposal is for: *(description of proposal)* _____

The Newtown Planning & Zoning Commission will conduct a public hearing on this proposal.

Date: _____ Time: _____

Location: _____

You are being notified because your property is within 500 feet of the proposed application.

The application is on file at the Land Use Agency, Newtown Municipal Center, 3 Primrose St, Newtown, CT.
The Land Use Agency may be contacted at 203-270-4276.

(To Be Completed by Applicant)

AFFIDAVIT

Application of: _____

Application Description:

The undersigned, being duly sworn, deposes and says:

1. I have mailed, by certified mail, return receipt requested, or by Certificate of Mailing (form PS 3665) a notice of the time and place of the public hearing scheduled for the subject application, as required by the Town of Newtown Zoning Regulations, to persons who are owners of land which is included in or within 500 feet of the land which is the subject of the hearing.
2. The date of the mailing of such notice was _____ 20____
3. The names and addresses of the required property owners were determined by reference to the records of the Newtown GIS System, which is informed by Tax Assessor data.

Applicant or Designated Agent

Sworn to and subscribed before me this _____ day of _____ 20____

Commissioner of the Superior Court
Notary Public

My Commission Expires _____



Certificate of Mailing — Firm

Name and Address of Sender		TOTAL NO. of Pieces Listed by Sender	TOTAL NO. of Pieces Received at Post Office™	Affix Stamp Here Postmark with Date of Receipt			
		Postmaster, per (name of receiving employee)					
USPS® Tracking Number Firm-specific Identifier		Address (Name, Street, City, State, and ZIP Code™)		Postage	Fee	Special Handling	Parcel Airlift
1.							
2.							
3.							
4.							
5.							
6.							