



# Town of Bolton

222 BOLTON CENTER ROAD • BOLTON, CT 06043

## BOLTON PLANNING AND ZONING COMMISSION

### APPLICATION FOR SPECIAL PERMIT, SITE PLAN REVIEW OR MODIFICATION OF A PREVIOUSLY APPROVED APPLICATION

1. Application Title: \_\_\_\_\_

2. Check all that apply:

\_\_\_\_\_ Special Permit Application    \_\_\_\_\_ Modification of an Approved Special Permit Application\*

\_\_\_\_\_ Site Plan Review Application    \_\_\_\_\_ Modification of an Approved Site Plan Review Application\*

**\* The Commission may require a new application if the proposed modification significantly alters the previously approved application.**

3. Street Address of subject property \_\_\_\_\_

4. Deed Reference (Bolton Land Records) Volume \_\_\_\_\_ Page \_\_\_\_\_

5. Assessor's Records Reference: Map # \_\_\_\_\_; Block # \_\_\_\_\_ Parcel / Lot # \_\_\_\_\_

6. Current zone(s) of subject property \_\_\_\_\_ Acreage: \_\_\_\_\_

7. In Aquifer Protection District? Yes \_\_\_\_\_ No \_\_\_\_\_

8. In FEMA Flood Area? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Wetlands Application Required? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Applicant(s) \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

11. Owner(s) of subject property \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

12. Official Contact / Representative regarding this Application: \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

13. Project Engineer: \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

14. Project Architect: \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

15. Other Experts Retained by Applicant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

16. Briefly describe the proposed use of the subject property. Provide greater detail in Project Narrative.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Square footage of new / expanded space: \_\_\_\_\_ # of new parking spaces \_\_\_\_\_

18. List the Section(s) of the Zoning Regulations under which application is made: \_\_\_\_\_

\_\_\_\_\_

19. Provide all the applicable items for a complete application including a completed Checklist for Site Plan Review and Special Permit Applications. A completed checklist must be provided to comprise a complete application.

20. Applicant's Endorsement:

I am a willful participant and fully familiar with the contents of this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

21. Owner's Endorsement:

I am a willful participant and fully familiar with the contents of this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: If there are any material changes to this application, the Applicant shall immediately notify the Town Staff in writing.**

**Applicants may be subject to Supplemental Review fees to defray the cost of Professional Review Services such as engineering or legal reviews.**

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**For Town Use Only**

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Base Fee Paid \_\_\_\_\_ Check # \_\_\_\_\_

Date application received by Inland Wetlands Commission (if applicable) \_\_\_\_\_

Date of Inland Wetlands Commission action (if applicable) \_\_\_\_\_

Date application received by Planning and Zoning Commission \_\_\_\_\_

Date of public hearing (if required) \_\_\_\_\_

Date of Planning and Zoning Commission action \_\_\_\_\_

Date of newspaper publication of Planning and Zoning Commission action \_\_\_\_\_

Summary of Planning and Zoning Commission action \_\_\_\_\_

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**Revised March 11, 2009**