

TOLLAND PLANNING AND ZONING COMMISSION

SPECIAL PERMIT APPLICATION FORM

THIS FORM MUST BE COMPLETELY FILLED OUT

APPLICANT _____ TEL # _____

MAILING ADDRESS _____

CONTACT EMAIL ADDRESS _____

OWNER OF RECORD _____ TEL # _____

ADDRESS _____

LOCATION OF SUBJECT PROPERTY:

STREET # _____ Located on the _____ side of _____, _____ feet from the

Intersection of _____ and _____

Assessor's Map _____ Block _____ Lot _____

As described in the Town Clerks records VOL. _____ PAGE _____

I HEREBY APPLY FOR A SPECIAL PERMIT FOR: _____

Under Section _____ of the Zoning Regulations

Have any previous applications been filed in connection with these premises? _____yes _____ no

If yes, Describe Briefly _____

Former P&Z App. # _____ Date of Previous Action(s) _____

All the above statements and the statements contained in any documents and plans submitted herewith are true, to the best of my knowledge.

Signature of Owner(s) of Record

Signature of Applicant(s)

(Certifies authorization for petition and permission to enter the property in connection with the application)

THIS APPLICATION MUST BE ACCOMPANIED WITH THE FOLLOWING:

1. Seven (7) paper copies and a PDF of the proposal with all the information required by the Zoning Regulations. (E-mail PDF to hsamokar@tolland.org)
2. An application fee in the amount of \$ _____
3. The names and **current mailing addresses** (as derived from the Assessor's Records) for property owners whose land or any part thereof, lays within 500 feet of the subject parcel.

DATE OF SUBMISSION (fee and application) _____ FEE RECEIVED _____

DATE OF OFFICIAL RECEIPT _____ P&Z APP. _____