

Town of Bethel

Planning & Zoning Commission

Bethel Municipal Center
1 School Street
Bethel, Connecticut 06801
Phone (203) 794-8578
Fax (203) 794-8595

DATE
SUBMITTED: _____

FEE PAID: _____

APPLICATION FORM

Application #: _____

=====

PROPERTY ADDRESS: _____

ZONE: _____ **TAX MAP #:** _____ **BLOCK#:** _____ **TAX LOT#:** _____

APPLICANTS' NAME: _____

APPLICANT'S ADDRESS: _____

Phone# _____ **Fax#:** _____

OWNER of RECORD: _____

OWNER' S ADDRESS: _____ **Phone#:** _____

ENGINEER of RECORD: _____

ADDRESS: _____

Phone #: _____ **Fax #:** _____

Who is the Contact person? Applicant Owner Engineer

APPLICANTION TYPE

Pre-Application Review meeting complete? Yes No

Please check those which apply)

Site Plan---(refer to §118-34 of the Zoning Regulations) --**This property** **is** **is not within 500ft.**
-SITE PLAN CHECKLIST must be completed with application of an adjoining municipality

Site Plan & Special Permit---(refer to §118-34 & §118-21 of the Zoning Regulations)
-SITE PLAN CHECKLIST must be submitted with this application

Excavation & Fill Permit---(refer to §118-44 of the Zoning Regulations)

Subdivision---Name of Subdivision _____

Re-Subdivision

? Refer to Chapter 95 (Subdivision of Land) from the Town Code

? Subdivision Checklist must be attached to application form.

? Gross Acreage _____ (acres) Number of Lots Proposed _____

Amendment to Zoning Regulations Text---(refer to §118-51, §118-54 & §118-57 of the Zoning Regulations) (describe below)

Amendment to Official Zoning Map---(refer to §118-51, §118-54 & §118-57 of the Zoning Regulations)

From _____ Zone, to _____ Zone

OTHER _____

Project Description _____

APPLICANT(S) SIGNATURE (if different than owner)

OWNER(S) SIGNATURE

***** A Copy of the Assessors field Card must be submitted with this application along with all other required information as outlined in the zoning regulations.**

Property Address: _____

FOR OFFICAL USE ONLY

APPLICATION #

Submission Date: _____
(Date Application is submitted to office)

Date of Receipt: _____
(Next meeting date or 35 days after submission whichever is sooner)

Hearing Date: _____
(Date of commencement of public hearing)

Close of Public Hearing– Date: _____
(within 35 days of hearing date)

Render a decision– Date: _____
(within 65 days after a public hearing closes)

Extensions Granted for _____

Extensions of time frames– When a Public Hearing is required

The applicant can consent to extend time frame for any of the steps, but **the total of all extensions together cannot exceed 65 days**

When there is no public hearing required for a Subdivision or Site Plan a decision must be rendered **within 65 days of official receipt**. The applicant can consent to extend time frame for rendering a decision for up to 65 days.

REQUIRED REPORTS

DATE SENT

DATE RECEIVED

- | | | |
|--|-------|-------|
| <input type="checkbox"/> TOWN ENGINEER | _____ | _____ |
| <input type="checkbox"/> ZONING OFFICIAL | _____ | _____ |
| <input type="checkbox"/> HEALTH DEPARTMENT | _____ | _____ |
| <input type="checkbox"/> PUBLIC UTILITES COMM. | _____ | _____ |
| <input type="checkbox"/> POLICE COMMISSION | _____ | _____ |
| <input type="checkbox"/> FIRE DEPARTMENT | _____ | _____ |
| <input type="checkbox"/> INLAND WETLANDS | _____ | _____ |
| <input type="checkbox"/> HVCEO | _____ | _____ |
| <input type="checkbox"/> TREE WARDEN | _____ | _____ |
| <input type="checkbox"/> WATER UTILITY | _____ | _____ |
| <input type="checkbox"/> OTHER MUNICIPALITIES | _____ | _____ |
| <input type="checkbox"/> CT STATE DOT | _____ | _____ |
| <input type="checkbox"/> CT STATE DEP | _____ | _____ |
| <input type="checkbox"/> OTHER | _____ | _____ |