

ORANGE TOWN PLAN & ZONING COMMISSION

APPLICATION FOR SPECIAL EXCEPTION, PERMIT OR USE
(Public Hearing required)

Name of Applicant: _____

Address of subject property: _____

Property Owner _____

Mailing Address _____

Telephone _____ Email _____

Narrative description of the property and its boundaries for purposes of legal notice as required for public hearing:

Zoning District _____ Assessor's M-B-P _____

Application Fee: Base fee of \$750, plus \$55 per every 10 new or additional parking spaces or fraction thereof. Base fee includes \$60 surcharge for the CT Conservation Commission (Public Act 92-235).

FEE PAID _____ (Make Check Payable to Town of Orange)

PLEASE SUBMIT EIGHT (8) COPIES OF ALL MAPS, PLANS, APPLICATIONS, ETC.

All applications including new ground coverage, or alteration of an existing foundation, are subject to submit an as-built survey at the request of the Zoning Enforcement Officer or Building Official upon the completion of said construction or alteration prior to framing.

APPLICATION MATERIALS TO BE PROVIDED BY THE APPLICANT:

Application is submitted as per Article/Section _____ of the Zoning Regulations.

Written statement of use describing the proposed use in sufficient detail to determine compliance with the use provisions of the Zoning Regulations:

Eight (8) copies of a site plan prepared by a professional engineer or architect and embossed with seal. Site Plan contains all information required under Article XII of the Orange Zoning Regulations and signed off by all necessary department heads.

Eight (8) copies of architectural plans submitted in accordance with Section 383-117 of the Orange Zoning Regulations.

If approved, two (2) mylar copies of all maps and plans must be submitted to the Zoning Administrator within thirty (30) days of the Legal Notice of Decision.

Signature of Owner _____

Signature of Architect or Engineer _____

Address _____

Telephone _____ Email _____

[illegible]

SPECIAL PERMIT APPLICATION

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Please provide the current names and mailing addresses of all adjacent property owners, including those across the street. This information must be obtained from the Assessor's Office. Please use an additional sheet if necessary.

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____

NAME _____

ADDRESS _____

APPLICATION SPECIAL PERMIT REVIEW

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DEPARTMENT HEAD SIGNATURES

(Please use additional sheet if necessary)

Signatures should include the creation date and any revision date of the plans being reviewed.

Town Engineer/Director of Public Works

Fire Marshal

Town Sanitarian/Health Dept.

Building Inspector

Inland Wetlands

Water Pollution Control Authority

Flood Zone

CT Dept. of Transportation

Traffic Commission
