



WETHERSFIELD
ECONOMIC & COMMUNITY DEVELOPMENT
Planning@wethersfieldct.gov
(860) 721-2838

OFFICE USE ONLY

Date Received _____

Application No. _____

LAND USE APPLICATION

Applicant' Name: _____ Phone Number: _____
 Address: _____
 E-Mail _____

Property Owner: _____ Phone Number: _____
 Address: _____
 E-Mail _____

Property Address: _____
 Zoning District: _____ Map/Block/Lot # _____

Is the Property Located within 500 feet of another municipality? ____ Yes ____ No

Type of Application: (Check box)

- Special Permit
- Site Plan and Design Review
- Minor/Amended Site Plan
- Subdivision Approval/Re-Subdivision Approval
- Zoning Text Amendments
- Change of Zone
- Lot Splits/First Cut
- Other (Specify) _____

FEE:

- \$200* Plus \$25/1,000 s.f. GFA
Or \$25/dwelling unit
- \$200* Plus \$25/1,000 s.f. GFA
Or \$25/dwelling unit
- \$100*
- \$200* and \$50/Lot
- \$250
- \$250*
- \$100

* An additional \$60 State Fee is required for these applications. If a Public Hearing is required an additional \$50 sign deposit fee is required. All checks should be made payable to "Town of Wethersfield".

I am requesting approval for a _____ under the provisions of Section _____ of the Wethersfield Zoning Regulations. The application is further defined as:

Please submit six (6) paper copies of this application with all data and maps and one (1) electronic/digital PDF of the application, plans and supporting information.

I hereby certify that the above information and plans submitted are true and correct. The undersigned hereby authorizes this application and agrees that Town staff and members of the Commission have the right to enter the subject property for the purposes of inspection associated with this application.

 SIGNATURE OF APPLICANT(S)

 SIGNATURE OF PROPERTY OWNER (S)
 (Or attach purchase/lease agreement or letter consenting to this application)