TOWN OF EAST HAVEN

APPLICATION FOR SPECIAL EXCEPTION
APPLICATION FOR TEMPORARY SPECIAL EXCEPTION

APPLICATION FEE _____________ PUBLICATION FEE _____________

THE UNDERSIGNED HEREBY MAKES APPLICATION TO THE EAST HAVEN PLANNING AND ZONING COMMISSION FOR THE APPROVAL OF A SPECIAL EXCEPTION UNDER THE TERMS AND CONDITIONS OF THE EAST HAVEN ZONING REGULATIONS.

[1] NAME OF APPLICANT:_______________________________________________

[2] APPLICANT'S ADDRESS/PHONE:________________________________________
___________________________________________________________________

[3] PROPERTY ADDRESS:_______________________________________________

[4] PROPERTY OWNER:_________________________________________________

[5] ZONING DISTRICT:______ MAP # ______ BLOCK # ________ PARCEL # _________

[6] HAS A PREVIOUS APPLICATION BEEN FILED FOR THE PREMISES AND/OR PROPERTY?
YES [ ] NO [ ] IF YES, PROVIDE THE DATE OF PREVIOUS HEARING:______________

[7] CITE THE PARTICULAR USE FOR WHICH THIS SPECIAL EXCEPTION IS BEING PROPOSED:
A. SCHEDULE “A”, USE LINE ____________________________________________
B. EXTENSION OF AN EXISTING USE OR SPECIAL EXCEPTION __________________
C. ELDERLY ASSISTED, AND/OR ELDERLY RENTAL _________________________
D. TEMPORARY SPECIAL EXCEPTION (TOPS01L, SAND & GRAVEL) ___________

[8] THE FOLLOWING INFORMATION ACCOMPANIES THIS PERMIT APPLICATION:
A. STATEMENT OF USE YES [ ] NO [ ]
B. SITEPLAN YES [ ] NO [ ]
C. ARCHITECTURAL PLANS YES [ ] NO [ ]
D. PARKING PLAN-PARKING SPACE FEE YES [ ] NO [ ]
E. INSPECTION FEE (EXCAVATION) YES [ ] NO [ ]
F. STORM WATER MANAGEMENT PLAN YES [ ] NO [ ]
G. SEDIMENTATION AND EROSION CONTROL PLAN YES [ ] NO [ ]


________________________________________________________________________
________________________________________________________________________

[10] PROVIDE A SIZE AND GENERAL DESCRIPTION OF THE PROPERTY UNDER CONSIDERATION FOR THIS PROPOSED SPECIAL EXCEPTION: ____________________
________________________________________________________________________
________________________________________________________________________
TOWN OF EAST HAVEN

IT IS THE APPLICANTS OBLIGATION TO CHECK THE APPROPRIATE SECTIONS OF THE ZONING REGULATIONS TO INSURE COMPLIANCE WITH ALL THE REQUIREMENTS AND/OR PROCEDURES AND MANDATED IN THAT PARTICULAR SECTION ARE COMPLIED WITH.

THE FAILURE TO SUBMIT THE REQUIRED ELEMENTS (WITHOUT AN AUTHORIZED WAIVER) NECESSARY FOR THIS SPECIAL EXCEPTION MAY RESULT IN A COMMISSION FINDING THAT THE APPLICATION IS INCOMPLETE AND/OR DEFICIENT; THUS MANDATING A DENIAL OF THIS APPLICATION.

DATE__________ APPLICANT'S SIGNATURE:____________________________________
DATE__________ OWNER'S SIGNATURE_________________________________________(IF DIFFERENT FROM APPLICANT)

THE PLANNING AND ZONING COMMISSION WILL HOLD A PUBLIC HEARING ON THIS APPLICATION.
YOU WILL BE NOTIFIED OF THE HEARING DATE. THE APPLICANT IS RESPONSIBLE FOR THE REQUIRED NOTIFICATIONS AND PROPERTY POSTING, PER THE ZONING REGULATIONS APPLICABLE TO SPECIAL EXCEPTIONS.
PROOF OF THE REQUIRED NOTIFICATIONS MUST BE DELIVERED TO THE ZONING OFFICE NO LATER THAN THREE (3) WORKING DAYS PRIOR TO THE DAY OF THE PUBLIC HEARING.

THE APPLICANT AND/OR AGENT(S) ARE REQUIRED TO BE PRESENT AT THE PUBLIC HEARING AND SHOULD BE PREPARED TO PRESENT INFORMATION SHOWING HOW THE PROPOSED USE, BUILDINGS, STRUCTURES OR FACILITIES CONFORM TO THE STANDARDS OF THE REGULATIONS.

THE COMMISSION, IT'S MEMBERS AND TOWN STAFF SHALL BE DEEMED TO BE AUTHORIZED, BY THIS APPLICATION, TO VISIT AND INSPECT THE SITE OR PREMISES WITHOUT ADVANCE NOTIFICATION.

SPECIAL EXCEPTION PROPOSALS MAY BE APPROVED BY THE COMMISSION, SUBJECT TO CERTAIN MANDATED CONDITIONS OF APPROVAL AND/OR SAFEGUARDS, DEEMED NECESSARY TO THE PUBLIC HEALTH, SAFETY, CONVENIENCE, WELFARE AND/OR FOR THE PROTECTION OF PROPERTY VALUES.

SPECIAL EXCEPTION $350.00 + $250.00
ADVERTISING FEE

TEMPORARY SPECIAL EXCEPTION $350.00 + $250.00
ADVERTISING FEE + $2.00 PER 1,000 CUBIC YDS. INSPECTION FEE

SPECIAL EXCEPTION - ELDERLY ASSISTED LIVING:
CONCEPTUAL PLAN FEE: $350.00 + $250.00
ADVERTISING FEE

FINAL DETAILED PLAN FEE: $250.00 + $5.00 PER BED OR UNIT