



# TOWN OF GROTON

## LAND USE APPLICATION

### Part One

**PLEASE CHECK THE APPROPRIATE BOX(ES) AND ATTACH THE REQUIRED APPLICATION(S):**

- |  |   |
|--|---|
| <input type="checkbox"/> SUBDIVISION OR RESUBDIVISION                        | <input type="checkbox"/> COASTAL SITE PLAN REVIEW |
| <input type="checkbox"/> SITE PLAN   | (CAM)   |
| <input type="checkbox"/> ADMINISTRATIVE SITE PLAN                            | <input type="checkbox"/> SPECIAL PERMIT           |
| <input type="checkbox"/> INLAND WETLANDS PERMIT                              | <input type="checkbox"/> ZONE CHANGE              |
| <input type="checkbox"/> INLAND WETLANDS PERMIT OR<br>NON-REGULATED ACTIVITY | <input type="checkbox"/> REGULATION AMENDMENT     |
|  | <input type="checkbox"/> VARIANCE/APPEAL          |

PROJECT NAME: \_\_\_\_\_

STREET ADDRESS OF PROPERTY: \_\_\_\_\_

IF ADDRESS NOT AVAILABLE, LOCATION: \_\_\_\_\_

PARCEL IDENTIFICATION NUMBER: \_\_\_\_\_ ACREAGE: \_\_\_\_\_ ZONE: \_\_\_\_\_

PROJECT DESCRIPTION: \_\_\_\_\_

**CORRESPONDENCE WILL BE SENT TO THE PRIMARY APPLICANT AS CHECKED BELOW:**  
(NAME, ADDRESS, TELEPHONE AND FAX NUMBER)

APPLICANT: \_\_\_\_\_

EMAIL: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

APPLICANT'S AGENT (if any): \_\_\_\_\_

EMAIL: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

OWNER/TRUSTEE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ENGINEER/SURVEYOR/ARCHITECT: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

- Note:
- 1) To be accepted by the Planning Division, this entire application must be completed, signed, and submitted with the required fee(s) and map(s) prepared in accordance with the applicable regulations.
  - 2) The submittal of this application constitutes the property owner's permission for the commission or its staff to enter the property for the purpose of inspection.
  - 3) The applicant hereby agrees to pay all additional fees and/or address such costs deemed necessary by the Office of Planning and Development Services as described in Part Three of this application.

\_\_\_\_\_  
SIGNATURE OF APPLICANT OR APPLICANT'S AGENT      DATE

\_\_\_\_\_  
SIGNATURE OF RECORD OWNER      DATE  
I HEREBY, CERTIFY THAT I AM THE OWNER OF  
THE PROPERTY STATED ABOVE

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
PRINTED NAME OF OWNER

Project #: \_\_\_\_\_ Work Type: \_\_\_\_\_ Fee Received: \_\_\_\_\_ Init. \_\_\_\_\_ Planner: \_\_\_\_\_

TOWN OF GROTON  
LAND USE APPLICATION - ADMINISTRATIVE SITE PLAN

PART TWO  
(Attach to Part One)

PLEASE DESCRIBE HOW THE USE/MODIFICATION AFFECTS SECTION 8.4-1 C. OF THE ZONING REGULATIONS WITH RESPECT TO ITS EFFECT ON THE INTENSITY OF THE EXISTING USE, THE EXISTING BUILDING FOOTPRINT, TRAFFIC CIRCULATION, PUBLIC SAFETY AND ITS IMPACT ON THE SURROUNDING AREA. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR FILL /EXCAVATION APPLICATIONS:**

FILLING \_\_\_\_\_ CUBIC YARDS      EXCAVATION \_\_\_\_\_ CUBIC YARDS

**FOR SITE MODIFICATION OR ACCESSORY APARTMENT:**

EXISTING FLOOR AREA (SQ FT) \_\_\_\_\_      NEW TOTAL FLOOR AREA (SQ FT) \_\_\_\_\_

EXISTING IMPERVIOUS SURFACE (SQ FT) \_\_\_\_\_

CHANGE IN IMPERVIOUS SURFACE (+/- SQ FT) \_\_\_\_\_

**FOR ALL APPLICATIONS:** REGULATED WETLANDS  Yes  No  
WETLAND APPLICATION SUBMITTED OR PERMIT ALREADY OBTAINED  Yes  No

.....  
(To be completed by Planning Division)

**ACTION TAKEN BY DIRECTOR OF PLANNING AND DEVELOPMENT OR DESIGNEE:**

\_\_\_ APPROVED      \_\_\_ APPROVED WITH MODIFICATIONS

**MODIFICATIONS**

(if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DENIED/ REASON(S)**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Director of Planning and Development or Designee

\_\_\_\_\_  
Date