



# Town of Simsbury

Office of Community Planning and Development ~ Planning Commission Application

DATE: \_\_\_\_\_ FEE: \$ \_\_\_\_\_ CK #: \_\_\_\_\_ APP #: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

NAME OF AGENT\*: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

\*Agent is the Architect, Attorney, Engineer, Landscape Architect, Surveyor, or other individual who will be the responsible contact person with the Town and Commission.

ZONING DISTRICT: \_\_\_\_\_ LOT AREA: \_\_\_\_\_ SQ FT/ACRES

Does this site have wetlands? ☐ YES ☐ NO Have you applied for a wetlands permit? ☐ YES ☐ NO

**Requested Action:** (please check appropriate box)

☐ Subdivision ☐ Re-Subdivision ☐ Rear Lot Re-Subdivision ☐ Subdivision Modification ☐ Other

**Explain:**

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

The proposed total number of lots is \_\_\_\_\_.

**NOTE:** Each application requiring action by the Commission must be prepared in accordance with subdivision regulations Section VIII (procedures) and Section IX (plan requirements). Each application shall include a list of names and addresses of abutting property owners and all property owners within 100 feet of the subject site.

Check\*\* in the amount of \$\_\_\_\_\_, payable to the Town of Simsbury, must accompany this **signed and dated** application. Six complete sets of plans must be submitted with the application, as well as PDFs, if available.

\_\_\_\_\_  
Signature of Owner Date

\_\_\_\_\_  
Signature of Applicant Date

\*\*Per Subdivision Regulations

**Owner/Applicant/Agent should attend the Planning Commission Meeting(s) pertaining to this application.**

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Telephone (860) 658-3245

www.simsbury-ct.gov

Facsimile (860) 658-3206

933 Hopmeadow Street  
Simsbury, CT 06070

## **NOTICE**

**IT IS THE RESPONSIBILITY OF THE APPLICANT TO SUBMIT COPIES OF APPLICATIONS TO THE FOLLOWING AGENCIES FOR REVIEW:**

### **WATER POLLUTION CONTROL AUTHORITY**

Drake Hill Road  
Simsbury, CT 06070

Telephone: 860-658-1380

### **SIMSBURY FIRE MARSHAL**

Attention: Kevin Kowalski  
871 Hopmeadow Street  
Simsbury, CT 06070

Telephone: 860-658-1971

### **FARMINGTON VALLEY HEALTH DISTRICT**

95 River Road, Suite C  
Canton, CT 06019

Telephone: 860-352-2333

## **NOTICE TO APPLICANTS**

This **AFFIDAVIT** is required for all applications requiring a **PUBLIC HEARING**.

**NOTE:** **PUBLIC HEARING SIGNS MUST BE POSTED ON THE SUBJECT PROPERTY AT LEAST 15 DAYS PRIOR TO THE PUBLIC HEARING DATE.**

**THIS FORM (SIGNED AND NOTARIZED) MUST BE PRESENTED AT THE PUBLIC HEARING.**

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### **AFFIDAVIT**

(STATE OF CONNECTICUT)

Ss:

(COUNTY OF HARTFORD)

I, \_\_\_\_\_ of \_\_\_\_\_  
(Applicant) (City, State)

Being duly sworn, make oath and say that I have maintained sign(s) as required by the Simsbury Zoning Regulations, stating that a Land Use Application is pending for the following property:

\_\_\_\_\_  
(Location of Property)

DATE: \_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Type or Print Name of Applicant)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My Commission Expires on \_\_\_\_\_