



TOWN OF CANTON

LAND USE DEPARTMENT

FOUR MARKET STREET
P.O. BOX 168
COLLINSVILLE, CONNECTICUT 06022-0168
860-693-7856

OFFICE USE ONLY

APPLICATION # _____ FILE # _____ FEE AMOUNT: _____

DATE SUBMITTED: _____ PAID Y / N

APPROVED Y / N

Zoning Official _____ Date: _____

ZONING DEVELOPMENT APPLICATION

Project Location: _____

Assessor's Identification: Map#: _____ Lot #: _____ Zone: _____ Lot Size: _____

Land Record Reference to Deed Description: Volume: _____ Page: _____

PROPERTY OWNER: _____ PHONE: _____

APPLICANT/AGENT: _____ PHONE: _____

Mailing Address: _____

Email Address: _____

Present Use

Briefly describe the present use of the site. _____

Proposal

Briefly describe the proposal. _____

Is this property located within a Canton Village District? YES / NO

If yes, please circle the appropriate district below:

- a) East Gateway Design Village District
- b) Canton Village Design Village District
- c) Hart's Corner Design Village District
- d) Collinsville Design Village District

Type of Application and Required Fee		Amount
<input type="checkbox"/> Type 1 FBC Application	\$50	_____
<input type="checkbox"/> Type 2 FBC Application		
<input type="checkbox"/> <i>Detailed Site Plan – Non-Residential</i>	\$200 up to 2,000 sq. ft. and \$30 for each additional 1,000 sq. ft. of floor area	_____
<input type="checkbox"/> <i>Detailed Site Plan – Residential</i>	\$200 up to four (4) dwellings; \$30 each additional dwelling over four units	_____
<input type="checkbox"/> <i>Modification of previously approved plans and not considered new construction or expansion</i>	Fee equal to 50% of the original filing fee	_____
<input type="checkbox"/> Detailed Site Plan – Non-Residential	\$200 up to 2,000 sq. ft. and \$30 for each additional 1,000 sq. ft. of floor area	_____
<input type="checkbox"/> Detailed Site Plan – Residential	\$200 up to four (4) dwellings; \$30 each additional dwelling over four units	_____
<input type="checkbox"/> Modification of previously approved plans and not considered new construction or expansion	Fee equal to 50% of the original filing fee	_____
<input type="checkbox"/> Special Permit	\$200 for first, and \$75 for each additional Special Permit	_____
<input type="checkbox"/> Excavation and Grading Permit	\$200 plus \$75 per acre of disturbed area or portion thereof	_____
<input type="checkbox"/> Soil and Erosion Control Plan Certification	All applications requiring a soil and erosion control plan certification may require an additional fee required by and paid to the North Central Soil Conservation District	_____
<input checked="" type="checkbox"/> All applications require an additional \$60 State Fee		<u>\$60.00</u>
<input type="checkbox"/> Additional Fees	The Commission may require additional fees in accordance with Town Ordinance Chapter #248	_____

TOTAL FEE \$_____

Cite the Section(s) and written description of the Zoning Regulations under which you are applying (only those items specifically identified on this application will be included in the public notice and application proceedings):

- Section # _____ Regulatory Language: _____
- Section # _____ Regulatory Language: _____
- Section # _____ Regulatory Language: _____
- Section # _____ Regulatory Language: _____
- Section # _____ Regulatory Language: _____

Design Village Districts Application Data			
Existing Square Footage		Proposed Square Footage	
Existing Parking Spaces		Proposed Parking Space	
Existing Stories		Proposed Stories	
Existing Height		Proposed Height	
Percentage of Building Area Expansion			
Percentage of Building Façade Expansion			
Percentage of Parking Area Expansion			
Percentage of Cumulative Building Area Expansion			
Percentage of Cumulative Building Façade Expansion			
Percentage of Cumulative Parking Area Expansion			

Are you requesting a Design Adjustment? YES / NO

If yes, please explain: _____

Building Materials

Briefly describe the materials that will be utilized (i.e., primary, secondary, roof, street walls, etc.) _____

Is any portion of the site within 500 feet of an adjoining town? *(Please reference the Town of Canton Zoning Map)*

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Avon | <input type="checkbox"/> Granby |
| <input type="checkbox"/> Barkhamsted | <input type="checkbox"/> New Hartford |
| <input type="checkbox"/> Burlington | <input type="checkbox"/> Simsbury |

The required "CHECKLIST" has been completed by the applicant and attached? *(Zoning Regulations Appendix)*

- No *(Failure to submit the required checklist shall render the zoning application incomplete)*
 Yes

This application will be considered incomplete if any required information is not submitted.

If a development application involves a Zoning Regulation or Map Amendment the applicant shall submit a Town of Canton Zone Change Application. The applicant shall file a copy of any proposed **regulation amendment or zone change** with the Town Clerk ten (10) days prior to the hearing per Sections 8-3(a) of the Connecticut General Statutes. Certification by the Town Clerk of the filing under these sections must be presented by the Applicant at the public hearing.

By submitting this application, I hereby verify that all materials contained herein are true and grant permission to Town employees and Commission members to enter and view the subject site.

As the applicant/owner, I hereby give Town employees and Commission members' permission to enter and walk the property, which is the subject of this application, during daylight hours during the pendency of this application.

BEFORE SIGNING, OWNERS AND APPLICANTS PLEASE NOTE:

By signing this application, the signer represents as to the owner or applicant, whichever applies, either:

- (i) If an individual, that the signer is that individual; or
- (ii) If an entity (e.g. corporation, LLC, partnership, trust, association) that he or she is legally authorized to sign on behalf of that entity.

Owner Name (please print)

Owner Signature

Date

Applicant Name (please print)

Applicant Signature

Date
