



Fee Schedule

Special Permit 20,000 sq. ft. or less

\$460.00

APPLICATION FOR SPECIAL PERMIT

Complete, notorize, and forward thirteen (13) hard copies and (1) electronic copy in PDF format to Clerk of the Zoning Board with a \$1,000.00 Public Hearing Fee and the required application filling fee (see Fee Schedule below), payable to the City of Stamford.

NOTE: Cost of required advertisements are payable by the Applicant and performance of required mailing to surrounding property owners is the sole responsibility of the applicant. **LAND RECORDS RECORDING FEE**: \$60.00 for First page - \$5.00 for each additional page)

	Special Permit more than 20,000 sq. ft.	\$460.00 + \$30 per 1,000 sq. ft. or portion thereof in excess of 20,000 sq. ft.	
APPLICA APPLICA	NT NAME (S): Continental Family Holdings, LLC & Wings Manager, LLC c/o Agent: William J. Hennessey, Carmody Torrance Sandak & Hennessey LLP, 1055 Washing NT ADDRESS: NT PHONE #: C/o Agent: William J. Hennessey, Carmody Torrance Sandak & Hennessey LLP, (203) 425-4 CANT AN OWNER OF PROPERTY IN THE CITY OF STAMFORD? Yes ON OF PROPERTY IN STAMFORD OWNED BY APPLICANT (S): 50 Barry Place		 CT 06901
ADDRES	S OF SUBJECT PROPERTY: 50 Barry Place T ZONING DISTRICT: M-G SITE PLANS & ARCHITECTURAL PLANS: See Schedule A		- - -
	TED SPECIAL PERMIT: (Attach written statement describing request) al of a Large Scale Development - See Schedules B and C		_
	N: (Give boundaries of land affected, distance from nearest intersecting streets, lot depths and To	own Clerk's Block Numbe	-r)
	ID ADDRESS OF OWNERS OF ALL PROPERTY INVOLVED IN REQUEST: IAME & ADDRESS Chedule E		-
WITH GR communi DOES TH DISTURE ENLARG	Y PORTION OF THE PREMISES AFFECTED BY THIS APPLICATION LIE WITHIN 500 FEET OF EENWICH, DARIEN OR NEW CANAAN? Yes (If yes, notification must be sent to by by registered mail within 7 days of receipt of application – PA 87-307). E PROJECT RESULT IN THE CREATION OF 10 OR MORE UNITS OR 10,000 SF OR MORE IN ANCE OF 20,000 SF OR MORE IN LAND AREA, THROUGH NEW DEVELOPMENT, RECONSTEMENT OR SUBSTANTIAL ALTERATIONS? Yes (If yes, then complete the Stam per Section 15.F).	Town Clerk of neighborin	ng





Zoning Board · Land Use Bureau Government Center · 888 Washington Boulevard · Stamford, CT 06904-2152 Phone: 203.977.4719 · Fax: 203.977.4100

DATED AT STAMFORD, CONNECTICUT, THIS SIGNED: NOTE: Application cannot be scheduled for Public Hearing until 35 days have elapsed from the date of referral to the Stamford Planning Board. If applicant wishes to withdraw application, please notify the Zoning Board at least three (3) days prior to Public Hearing so that the Board may have sufficient time to publicize the withdrawal. STATE OF CONNECTICUT ss STAMFORD COUNTY OF FAIRFIELD Personally appeared ___ signer of the foregoing application, who made oath to the truth of the contents thereof, before me Notary Public Commissioner of the Superior Court FOR OFFICE USE ONLY APPL. #: _ Received in the office of the Zoning Board: Date: _

Revised 09/02/2020

By: