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

APPLICATION FOR APPROVAL OF SITE & ARCHITECTURAL PLANS AND / OR REQUESTED USES

Complete, notorize, and forward eight **(8) hard copies and (1) electronic** copy in PDF format of all project plans and documents to Clerk of the Zoning Board with a **$500.00 Filing Fee** payable to the City of Stamford.

PRE-APPLICATION REVIEW

APPLICANT NAME (S): _____

APPLICANT ADDRESS: _____

APPLICANT PHONE #: _____

IS APPLICANT AN OWNER OF PROPERTY IN THE CITY OF STAMFORD? _____

LOCATION OF PROPERTY IN STAMFORD OWNED BY APPLICANT (S): _____

_____

ADDRESS OF SUBJECT PROPERTY: _____

PRESENT ZONING DISTRICT: _____

TITLE OF SITE PLANS & ARCHITECTURAL PLANS: _____

_____

_____

REQUESTED USE: _____

_____

LOCATION: (Give boundaries of land affected, distance from nearest intersecting streets, lot depths and Town Clerk's Block Number)

_____

_____

_____

NAME AND ADDRESS OF OWNERS OF ALL PROPERTY INVOLVED IN REQUEST:

NAME & ADDRESS	**LOCATION**

DOES ANY PORTION OF THE PREMISES AFFECTED BY THIS APPLICATION LIE WITHIN 500 FEET OF THE BORDER LINE WITH GREENWICH, DARIEN OR NEW CANAAN? _____(*If yes, notification must be sent to Town Clerk of neighboring community by registered mail within 7 days of receipt of application – PA 87-307*).

DATED AT STAMFORD, CONNECTICUT, THIS _____ DAY OF _____ 20_____

SIGNED: _____

STATE OF CONNECTICUT
ss STAMFORD_____20_____
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 4/30/20 *By:* _____