

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)

Fee Schedule

Special Permit 20,000 sq. ft. or less	\$460.00			
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.			

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 SPECIAL PERMIT: (Attach written statement describing request)
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).
DOES THE PROJECT RESULT IN THE CREATION OF 10 OR MORE UNITS OR 10,000 SF OR MORE IN FLOOR AREA OR DISTURBANCE OF 20,000 SF OR MORE IN LAND AREA, THROUGH NEW DEVELOPMENT, RECONSTRUCTION, ENLARGEMENT OR SUBSTANTIAL ALTERATIONS? (If yes, then complete the Stamford Sustainability Scorecard per Section 15.F).



DATED AT STAMFORD, CONI	NECTICUT,	THIS	DAY OF	20	
		SIGNED: _			
NOTE: Application cannot be Stamford Planning Board. If prior to Public Hearing so that	applicant wi	ishes to with	ıdraw application, please ı	notify the Zoning Board	
STATE OF CONNECTICUT COUNTY OF FAIRFIELD	ss STAMFO	RD		20_	
Personally appeared the truth of the contents thereof	f, before me.		, sig	ner of the foregoing appl	ication, who made oath to
			Notary Pub	lic - Commissioner of the	Superior Court
FOR OFFICE USE ONLY					
APPL. #:		Received in	the office of the Zoning Boa	ard: <i>Date:</i>	
			Ву: _		

Revised 09/02/2020