

7/13/07, 10/09

**COMBINED APPLICATION FOR ZONE CHANGE TO AND APPROVAL AS, AN
INTERCHANGE SPECIAL DEVELOPMENT DISTRICT AND APPROVAL OF
INTERCHANGE SPECIAL DEVELOPMENT PROJECT**

Pursuant to the Zoning Regulations of the Town of Cheshire, as amended, the undersigned makes application for an Interchange Special Development Project for the property described below:

Street Address _____

Approx. No. of Acres _____ Zone _____

Assessor's Map No(s) _____ Lot No. _____

Description of Project/Intended Use _____

The following items, as required by Section 45B, are attached (unless waived by the Planning and Zoning Commission)

1. **Site Map**: The applicant shall submit **9 copies** of a site map containing information developed in Section 45B.3.1B.
2. **Architectural Plans**: Conceptual architectural elevations including signage. **9 copies**
3. **Special Regulations**: A proposed set of special regulations containing information developed in Section 45B.3.2. **16 copies**
4. **Special Development Plan**: A plan of the entire Interchange Special Development Project showing, in schematic fashion, the areas of proposed development with information developed in Section 45B.3.3. **9 copies**
5. A copy of the Water Pollution Control Authority approval or Letter of Feasibility. **1 copy**
6. All reports and required information under Section 45B.5.1.

(over)

7. (Base fee \$500.00 plus \$175.00 Public Hearing Fee plus \$60.00 required State Fee. Total: **\$735.00** made payable to "Collector, Town of Cheshire".
8. In order to facilitate the filing of your approval on the Cheshire Land Records, the following information is required: the **Volume** and **Page Number** of the deed to your property as it is filed on the Cheshire Land Records.

VOLUME (s) _____ **PAGE NO.(s)** _____

ALL APPLICANT'S—PLEASE COMPLETE THE FOLLOWING:

Applicant's Name _____
(Print or Type)

Applicant's Signature _____

Applicant's Address _____

Telephone No. _____ Cell Phone _____ Fax _____

Owner's Name _____
(Print or Type)

Owner's Signature _____

Agent, if other than applicant to be contacted with regard to this application:

Name _____

Address _____

Telephone No. _____ Cell Phone _____ Fax _____

This application must be filed in the Planning Office at least seven (7) days prior to the regular Planning & Zoning Commission meeting date.

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