



PLANNING AND ZONING COMMISSION
TOWN OF BRANFORD

1019 Main Street, Branford, CT 06405, Telephone: (203) 488-1255, FAX: (203) 315-2188

APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE
SITE PLAN, SPECIAL EXCEPTION

ADDRESS OF PROPERTY _____

TAX MAP _____ BLOCK _____ LOT _____ ZONING DISTRICT _____

PROPOSED USE _____

LINE NUMBER AS LISTED IN TABLE OF USES _____

SITE PLAN _____ SPECIAL EXCEPTION _____

SITE PLAN (modification) _____ SPECIAL EXCEPTION(modification) _____

PLEASE SUBMIT WITH COMPLETED APPLICATION

1. Application fee. (See fee schedule)
2. Application materials as summarized in "Site Plan and Special Exception Application Requirements," which are appended to the Branford Zoning Regulations.
3. If applicable, provide evidence that abutting property owners have been notified, per Section 9.14G of the Branford Zoning Regulations.

The undersigned states that information submitted with this application is correct and acknowledges that any approval based on erroneous or incomplete information shall be null and void.

Owner _____ Applicant _____
PLEASE PRINT PLEASE PRINT

Address _____ Address _____
Phone _____ Phone _____
E-mail _____ E-mail _____
Fax _____ Fax _____

Signature _____ Signature _____

FOR OFFICE USE ONLY:

Receipt Date _____ Fee Paid _____

Approved/Denied by P& Z on _____ Application # _____