

## **TOWN OF WETHERSFIELD**

**PLANNING DEPARTMENT 505 SILAS DEANE HIGHWAY** WETHERSFIELD, CONNECTICUT 06109 PLANNING@WETHERSFIELDCT.GOV (860) 721-2838

OFFICE USE ONLY	
Date Received	
	_
Application No.	
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## **LAND USE APPLICATION**

	Phone Number:
Address:E-Mail	
Property Owner:Address:	Phone Number:
E-Mail	
Property Address:	
	Map/Block/Lot #
Is the Property Located within 500 feet of anoth	
Type of Application: (Check box)	FEE:
<ul><li>[ ] Special Permit</li><li>[ ] Site Plan and Design Review</li></ul>	\$200* Plus \$25/1,000 s.f. GFA Or \$25/dwelling unit \$200* Plus \$25/1,000 s.f. GFA
<ul> <li>[ ] Minor/Amended Site Plan</li> <li>[ ] Subdivision Approval/Re-Subdivision Approval/Re-Subd</li></ul>	Or \$25/dwelling unit \$100* Approval \$200* and \$50/Lot \$250 \$250* \$100
* An additional \$60 State Fee is required for the deposit fee is required. All checks should be ma	ese applications. If a Public Hearing is required an additional \$50 sign
	under the provisions of Section g Regulations. The application is further defined as:
Please submit six (6) paper copies of this applic PDF of the application, plans and supporting inf	cation with all data and maps and one (1) electronic/digital ormation.
	plans submitted are true and correct. The undersigned hereby n staff and members of the Commission have the right to enter the associated with this application.
SIGNATURE OF APPLICANT(S)	SIGNATURE OF PROPERTY OWNER (S) (Or attach purchase/lease agreement or letter consenting

to this application)