TOWN OF FRANKLIN
7 Meetinghouse Hill Rd.,
Franklin, CT 06254
APPLICATION FOR PLANNING & ZONING COMMISSION

APPLICATION NO. _____ **(assigned by admin after fee at a later date)**   **DATE:** _____

TOWN APPLICATION FEE $_____ **(see pg. 2 Proposed Activity & Fee DETERMINED by Zoning Enforcement Officer)**

TOTAL APP FEE PAID $_____ **(see pg.2) (includes Town Admin & State Fees)**

*Application Fees: Administrative costs associated to the processing of applications. Additionally, in accordance with the Town of Franklin Amended Fee Schedule for the Ordinance on the Processing of Zoning, Subdivision, Inland Wetlands and Zoning Board of Appeals Applications, in the even the cost to review evaluate and process an application exceeds applicable fees set forth in this ordinance, the <u>applicant</u> shall pay all reasonable additional costs incurred by the Town upon notification of such additional costs. Until additional costs are paid, the Town or agency or officer, thereof, may withhold the issuance of permits, the endorsement of maps or plans, and/or the release of any bond held.

*Administration Fees: Administrative costs associated to the processing of applications.

*State Fees: Per Connecticut General Statute-Section 22a-27j, an additional fee is to be added to all application fees for the Environmental Quality Fund.

** APPLICATION **

APPLICANT: _____ (PRINT NAME)   **SIGNATURE**: _____

APPLICANT STATUS (circle one):   OWNER   AGENT OF OWNER   POTENTIAL BUYER

ADDRESS OF APPLICANT: _____

E-MAIL ADDRESS OF APPLICANT: _____

TELEPHONE NO.: _____

PROPERTY LOCATION: _____

ASSESSOR'S MAP# _____   LOT # _____   ZONE DISTRICT: _____

PROPERTY OWNER: _____ (PRINT NAME)   **SIGNATURE**: _____

ADDRESS OF PROPERTY OWNER _____

E-MAIL ADDRESS OF OWNER: _____

TELEPHONE NO.: _____

EXISTING USE OF PROPERTY: _____ _____

_____

DESCRIPTION OF PROPOSED ACTIVITY: _____

_____

_____

IS THIS PROPERTY LOCATED WITHIN 500 FT OF AN ADJOINING MUNICIPALITY? :_____

NOTES TO APPLICANT:

1. PLEASE PROVIDE **FIVE (5) COPIES** OF YOUR APPLICATION & SUPPORTING MATERIALS INCLUDING SITE PLANS
2. ALSO PROVIDE **PDF FILES** OF YOUR APPLICATION & SUPPORTING MATERIALS, IF AVAILABLE, TO
   franklinzeo@99main.com and franlinlanduse@99main.com

   OVER →

THE TOWN OF FRANKLIN STRONGLY RECOMMENDS THE APPLICANT SCHEDULE A PRE-APPLICATION MEETING AS INDICATED BELOW

	** PROPOSED ACTIVITY & FEES **	

☐ * Pre-application Meeting with Town Staff (Town Planner and Town Engineer or Zoning Enforcement Officer | $100 per hour | (1st hour no charge)

☐ Public Hearing: (may be required and determined at a later date) | $250

☐ Zone Change Request: | $425 (includes public hearing)

☐ Regulation / Text Change Request: | $425 (includes public hearing)

☐ New Subdivision Plans, without roads, plus Public Hearing | $200 per proposed lot

☐ Re-Subdivision Plans, without roads, plus Public Hearing | $200 per proposed lot

☐ New Subdivision Plans, with new roads, plus Public Hearing | $200 per proposed lot + $2.00 per linear foot of road

☐ Revised Subdivision Plans, with new roads, plus Public Hearing | $200 per proposed lot + $2.00 per linear foot of road

☐ Revised Subdivision Plans and/or Re-Subdivision with Public Improvements, with or without roads * | $200 per lot

☐ New Commercial Site Plan, Special Permit, or Special Exception* | $500 + $100 per page

☐ New Residential Site Plan, Special Permit or Special Exception* | $100 per page

☐ Revised Commercial Site Plan, Special Permit or Special Exception* | $100 per page

☐ Revised Residential site Plan, Special Permit or Special Exception:* | $100 per page

☐ Renewals or Extensions (not requiring plan review): | $25

TOWN APPLICATION FEE $_____ (enter under Town Application Fee on pg. 1)

☐ **ADD** Town Administrative fee | **$ 10.00 (current)** | With Application

☐ **ADD** State Administrative fee | **$ 60.00 (current)** | With Application

TOTAL APPLICATION FEE $_____ (enter under "TOTAL FEES PAID" on pg. 1)

[COMMISSION USE ONLY]

Date of Commission Receipt: _____   Hearing Required: YES / NO   Hearing Start Date: _____

Date of Commission's Action: _____   **APPROVED / DENIED**

Conditions of Approval, if any: _____

_____

Reason for Denial: _____

_____

Application: Revised 7-10-18