

**TOWN OF CROMWELL
PLANNING AND ZONING COMMISSION**

APPLICATION FOR SITE PLAN MODIFICATION

Name of Project: _____

Street Address: _____

Volume/Page: _____ **PIN #:** _____

Applicant Name: _____

Address: _____

Telephone: _____ (day) _____ (evening)

Email Address: _____

**Property
Owner Name:** _____

Address: _____

Attached:

Application fee.

Twenty-five copies of the **Site Development Plan** prepared in accordance with Article 13.3 of the Cromwell Zoning Regulations.

- | | | |
|--|------------|-----------|
| 1. Is <u>any part</u> of the site within 500' of an adjoining town? | Yes | No |
| 2. Will this project require an <u>Inland Wetlands Agency permit</u> ? | Yes | No |
| if yes, have you obtained it? | Yes | No |
| 3. Will this project require a DEP <u>Stormwater Management Permit</u> ? | Yes | No |
| if yes, have you applied for it? | Yes | No |
| 4. Will this Project Require an <u>STC Permit</u> ? | Yes | No |
| if yes, have you submitted a copy of the plans to the STC? | Yes | No |
| 5. Does the parking comply with the <u>handicapped parking</u> | Yes | No |
| requirements as set forth in current version of the State Building Code? | | |

I hereby certify that the information presented above is correct to the best of my knowledge.

Applicant Name and Signature

Date