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## Town of Cromwell Planning and Zoning Commission

## APPLICATION FOR SPECIAL PERMIT SPECIAL FLOOD HAZARD AREA OVERLAY DISTRICT

Description of Activity:	
Street Address:	Zoning District:
Parcel ID #:	Volume/Page:
Applicant's Name:	
Address:	
Telephone Number (daytime):	
Email Address:	
Property Owner's Name:	
Address:	<del>-</del>
Description of Proposed Activity:	
Overlay District"), Article 8.7 ("Special Permi	well Zoning Regulations Article 4.2 ("Special Flood Hazard Area it Application Procedures"), Article 8.10.G ("Notification of Abutting ic Hearing Sign Posting Requirements"). An "Impact Statement" per
(signature of applicant)	(date)
(printed name of signer)	