CITY OF MERIDEN, CONNECTICUT
PLANNING COMMISSION

Application for
A CERTIFICATE OF APPROVAL

Date submitted:_____

APPLICANT: **Name _____**
Address _____
_____
Telephone # _____

OWNER: **Name _____**
Address _____
_____
_____
Signature of Owner Authorizing Application)

SITE PLANNER: **Name _____**
Address_____
_____

PROPERTY DATA

Address _____ Assessors Lot _____ Block _____

Zoning District _____Current Use of Property _____

Is property located within 500' of adjoining municipality? ___ Yes ___ No
OTHER APPROVALS REQUIRED:

Board/Commission	(Yes/No)		Date Approved
Zone Change	_____		_____
ZBA	_____	Appeal #	_____
IWWC	_____		_____
Design Review Bd.	_____		_____
Floodplain Permit	_____		_____

Are there recorded deed restrictions or covenants? (Y/N)
If yes, Volume _____ Page
Type _____

Are there easements or right of way over the property? Y/N _____
If yes, Volume _____ Page _____

Available Utilities: (Y/N) **Existing** **Proposed**

Sanitary Sewer:	_____	**Size**	_____	_____
Public Water:	_____	**Size**	_____	_____
Storm Sewer:	_____	**Size**	_____	_____
Gas:	_____		_____	_____
Electricity:	_____		_____	_____

Lot Size: Dimensions _____ Total Area _____SF

PROPOSAL

Type of Application

Change of Use/Conversion _____

Addition to existing building _____

New Building _____

Other, Please explain: _____

_____

_____

Proposed Use:	**Residential Y/N**	_____	**Number of Units**	_____
	Commercial Y/N	_____	**Gross Floor Area**	_____SF
	Industrial Y/N	_____	**Gross Floor Area**	_____SF
	Mixed Use Y/N	_____	**Proposed Mix**	_____
			Gross Floor Area	_____SF

Correspondence should be directed to:

Site Planner _____

(Name)

_____

(Address)

_____

(Tel. No.)

<u>ALL APPLICATIONS MUST BE ACCOMPANIED BY:</u>

1. **Duplicate application form**
2. Five (5) sets of all required maps
3. $300 plus state fee of $60 = $360.00
4. List of abutting property owners (name and mailing address)

(rev. 1-28-10)