



## TOWN OF HAMDEN

### PLANNING & ZONING COMMISSION AUTOMOTIVE LOCATION APPROVAL APPLICATION

#### INSTRUCTIONS

Below please find a list of the materials to be submitted to the Planning & Zoning Commission. It is your responsibility to provide all of this information. While Town staff will be happy to answer your questions, it is not the function of the staff to either prepare the information or assure its accuracy. Hamden Zoning Regulations are available on-line at [www.hamden.com](http://www.hamden.com).

#### DEADLINE FOR APPLICATIONS:

Completed applications must be submitted **by 3:00 pm on the 15<sup>th</sup> of the month** to the Planning Office, 3<sup>rd</sup> Floor, Hamden Government Center, 2750 Dixwell Avenue, Hamden, CT 06518 in order to be put on the agenda for a meeting **the following month**. The regular meetings of the Planning & Zoning Commission are held on the **second and fourth Tuesdays** of each month.

#### Application Fee Schedule (subject to change)

Limited and General Repair	\$230
Used Car Sales	\$280
New Car Sales	\$330

1. The applicant or his/her agent **MUST BE PRESENT** at the hearing.
2. Submit one (1) original and ten (10) copies of your application and one (1) original and ten (10) copies of the site plans, floor plans, building elevations and any other documentation required.
3. The Site Plan should be entitled "Improvement Location Survey for Location Approval by the Planning & Zoning Commission," and must achieve a Horizontal/Vertical Accuracy Class A-2/T-2. All plans shall be **signed and sealed** by the appropriate

professional. **An application is not complete until all of the required materials are submitted.**

4. **All maps must be folded** not to exceed the dimensions of 11½ x 9 ½". Fold maps so that the title block is face up.
5. Any change(s) of use, installation or expansion on a property with a **septic system and/or well water requires approval by the Quinnipiac Valley Health District (QVHD.)** Receipt of approval must be submitted along with this application. QVHD can be reached at:

1151 Hartford Turnpike  
North Haven, CT 06473  
Phone 203-248-4528  
Fax 203-248-6671

- 5 **Notification to the Regional Water Authority (RWA)** – If the subject property lies within the Public Water Supply Watershed, please complete the attached RWA Notification Form and **send by certified mail to the address below**. This notice must be mailed within seven (7) days of the date of the application. Documentation of mailing shall be provided to the Hamden Planning Office.

Environmental Analysts,  
Environmental Planning Department  
Regional Water Authority  
90 Sargent Drive  
New Haven, CT 06511

7. **Notification to the CT Department of Public Health** – All applicants for any project located within a public water supply aquifer or watershed area are now required by Public Act No. 06-53 of the CT General Statutes to notify The Connecticut Commissioner of Public Health of the proposed project within seven days of filing. The instructions are on the last page of the application package.
8. Two (2) copies of a **Coastal Management Consistency Review Application** must be submitted to the Planning Office (**for properties located in the Coastal Management Area only**).
9. **Revision(s) to maps or additional information required beyond the original submission must be received in the Planning Office at least ten (10) days prior to the Commission's hearing of the application.**

***Note: New uses and changes to sites also require Special Permit approval from the Planning and Zoning Commission.***



Application # \_\_\_\_\_  
Date of Filing \_\_\_\_\_  
Fee \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Receipt # \_\_\_\_\_

**TOWN OF HAMDEN  
PLANNING & ZONING COMMISSION  
AUTOMOTIVE LOCATION APPROVAL APPLICATION**

Property Address \_\_\_\_\_ Zone \_\_\_\_\_

- Spring Glen Village District  
 Newhall Design District

Hamden Land Records (from Town Clerk's Office): Volume \_\_\_\_\_ Page \_\_\_\_\_

License Type:  **New Car Dealer**    **Used Car Dealer**    **General Repairer**    **Limited Repairer**

Application Type:    **Change in Ownership**    **New Use**    **Site Changes**

Applicant \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Town/Zip \_\_\_\_\_

Property Owner \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Town/Zip \_\_\_\_\_

Lessee \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Town/Zip \_\_\_\_\_

Agent/Attorney \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Town/Zip \_\_\_\_\_

► ***This application is not complete unless signed by the owner and his/her agent (if applicable).***

1. Location Approval Requested --. State your request in relation to what is required. The Planning Office staff is available to answer questions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If the application is for a change in ownership, what is the current License Number? -

\_\_\_\_\_

3. Please submit one original and nine copies of a **site plan** entitled "Location Approval – Planning & Zoning Commission" conforming to an **A-2/T-2** level of certification of accuracy, signed by a licensed surveyor. The site plan should be drawn to scale, folded according to directions (pg. 1-2) and include the following information:
  - A. Lot geometry with monumentation noted.
  - B. Location of all existing and proposed structures on property, including distances from property boundaries.
  - C. Elevation drawings for any proposed structures over four feet high
  
5. Pay the appropriate fee (see fee schedule on page 1)
  
6. How long have you owned/leased the property? \_\_\_\_\_
  
7. List any variances previously requested for this property and the outcome, as well as recording information:
 

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6. Has any additional application involving this property been submitted to the Planning and Zoning Commission? Yes / No If yes, what was their decision?
 

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I hereby state that all the above information and any information contained in any papers submitted herewith are true and correct to the best of my knowledge and belief under penalties of false statements.

I understand that by applying I grant permission for a member or members of the Planning & Zoning Commission and staff to enter upon the subject premises for the purpose of making a visual examination of same.

9. Property Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_
10. Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Public Water Supply Watershed/Aquifer  
Project Notification Form  
For The  
South Central Connecticut Regional Water Authority

REQUIREMENT:

All applicants before a municipal Planning and Zoning Commission, Inland Wetlands Commission, or Zoning Board of Appeals for any project located within a public water supply watershed are required by Public Act 89-301 (Sections 8-3i and 22a-42f of the Connecticut General Statutes) to notify the affected public water utility by certified mail within 7 days of the application.

GENERAL INFORMATION:

Maps showing the location of Regional Water Authority (RWA) watershed boundaries are on file with municipal planning and zoning, and inland wetlands staff, and Town Clerks. The applicant's notification to the RWA should include the information requested on pages two through four. The RWA may request additional information if it is determined that a more detailed review is necessary. Attach additional sheets if necessary. Any questions, please call 401-2741, or 401-2743.

Please mail this completed form and attachments to:

Environmental Analysts  
Environmental Planning Department  
Regional Water Authority  
90 Sargent Drive  
New Haven CT 06511

Public Water Supply Watershed/Aquifer  
Project Notification Form  
For The  
South Central Connecticut Regional Water Authority

1. Location map of project site (Please attach; Map can be from sources such as assessor's map or from USGS Quadrangle Map and should show enough detail to locate the site, ie. major intersections etc.).
2. Site plans, floor plans, and sediment and erosion control plan which have been submitted to the municipality for review (Please attach).
3. Project address \_\_\_\_\_
4. Total acreage of project site \_\_\_\_\_
5. Existing land use and type of ground cover e.g. forest, pavement, buildings, lawn, meadow etc. Estimate percentage of total acreage for each type of ground cover

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6. Project description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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7. Acreage of area to be disturbed including structures, additions, paving, and soil disturbance. Estimate percentages of total lot acreage for each type of ground cover, including those listed in item #5, following development

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8. Type of sanitary system (Circle one) septic system / public sewer / both / none;

9. Number of **existing and proposed** floor drains and their point of discharge e.g. sanitary sewer, holding tank, or ground.

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10. Water accessed through (Circle one) private well public water other none

11. Is public water available to area? Yes No

12. Are there any wetlands or watercourses on the property? If so, describe

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13. Distance of site disturbance to nearest watercourse or wetland \_\_\_\_\_

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14. Brief description of **existing and proposed** stormwater management system, including roof drainage, paved areas etc., and discharge points e.g. municipal system, drywells, streams, vegetated areas, detention basins etc. Attach drainage plans and calculations if available.

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15. Type of heating fuel for facility \_\_\_\_\_

16. List of **existing and proposed** underground or above-ground storage tanks including age, capacity and contents.

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17. List of potentially harmful chemicals stored or used on property (**existing and proposed**) and typical on-site volumes, including but not limited to petroleum products, lubricants, solvents, detergents, and pesticides

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18. Describe any wastes generated and their means of disposal

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19. Location, type, and size of solid waste dumpsters\_\_\_\_\_

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20. Application # and date will be heard by Planning and Zoning Commission

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21. Application # and date will be heard by Zoning Board of Appeals

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22. Application # and date will be heard by Inland Wetlands Commission

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23. Name, address, telephone and fax number, email address of contact person for the project:

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**Name of Person Completing Form**

**Signature**

**Date**

**NEW REQUIREMENT: NEED TO NOTIFY**  
**CONNECTICUT DEPARTMENT OF PUBLIC HEALTH**

**Using Public Water Supply Watershed or Aquifer Area Project Notification Form**

**Note:** All applicants before a municipal Planning Commission, Zoning Commission, Planning and Zoning Commission, Zoning Board of Appeals or Inland Wetlands Commission for **any project located within a public water supply aquifer or watershed area** are now required by Public Act No. 06-53 of the CT General Statutes to notify The Connecticut Commissioner of Public Health of the proposed project within seven days of filing.

To notify the Commissioner of Public Health, you must use the Online Notification Form, which you can find by doing the following:

1. Type in the following URL to access the website:  
**[www.dir.ct.gov/dph/water/web\\_form.htm](http://www.dir.ct.gov/dph/water/web_form.htm)** -- It will take you to the DPH Drinking Water Section web page and the form you need to complete.
2. Answer each question. For Steps 2.1 and 2.2., consult the map in the Planning & Zoning Department to see which one applies. ***Note: If your property lies outside the public water aquifer and watershed areas, you do not need to fill out the online form.***
3. For Step 2.3, the PWSID number is: **0930011**
4. Print a copy of the completed form and submit to the Planning and Zoning Department with your application.
5. If you have any questions or problems concerning the website contact the Department of Public Health staff at: **(860) 509-8000**.