



Special Permit # _____
 Date of Filing _____
 Fee _____
 Date Paid _____
 Receipt # _____

TOWN OF HAMDEN
APPLICATION TO AMEND SPECIAL PERMIT NO. _____

- () MINOR Amendment to approved Special Permit may be approved by the Town Planner or the Commission pursuant to Section 718.8 of the Hamden Zoning Regulations. FEE \$155 (subject to change)
- () MAJOR Amendment to approved Special Permit necessitated by site conditions or by a change in circumstances, or which are deemed to be in the public interest shall be made in the same manner as the original application, pursuant to Section 718.8 of the Hamden Zoning Regulations. FEE \$280 (subject to change)

Applicant _____ Telephone _____
 (Name)

Address _____
 (Street No.) (Zip Code)

Applicant's Signature _____ Date _____

Property Owner(s)
 (If title is held in partnership a sworn statement disclosing the identification of equitable owners is required.)

<u>Name</u>	<u>Mailing Address (include zip code)</u>	<u>Telephone No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Site Location _____

Total No. of Acres _____ Zone _____
 Spring Glen Village District
 Newhall Design District

Pertinent Section(s) of Zoning Regulations _____

Description of Amendment

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

6. Project description _____

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

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.

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

13. Distance of site disturbance to nearest watercourse or wetland _____

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.

15. Type of heating fuel for facility _____

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

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

18. Describe any wastes generated and their means of disposal

19. Location, type, and size of solid waste dumpsters _____

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

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

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

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

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 -- 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**.