



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.

DEADLINE FOR APPLICATIONS:

Completed applications must be submitted **by 3:00 pm on the 15th of the month** to the Planning Office, 3rd 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	\$250
Used Car Sales	\$250
New Car Sales	\$250

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. Any plans prepared by a licensed engineer, architect, or surveyor should

also be submitted in PDF File Format on a CD. **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

6. **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 _____

Email Address _____

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. Any plans prepared by a licensed engineer, architect, or surveyor should also be submitted in PDF File Format on a CD. 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

4. Pay the appropriate fee (see fee schedule on page 1)

5. How long have you owned/leased the property? _____

6. List any variances previously requested for this property and the outcome, as well as recording information:

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

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.

8. Property Owner's Signature _____ Date _____

9. 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 and three. The RWA may request additional information if it is determined that a more detailed review is necessary. Any questions should be directed to (203) 401-2741, or (203) 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

1. Applicants are requested to submit any information that was included in the application to the municipality including: site plan, project narrative, sediment and erosion control plan and drainage calculations if applicable.

2. Project address _____ Town _____

3. Application for: ___ Planning and Zoning ___ Inland Wetlands ___ Zoning Board of Appeals

4 Project Description: _____

5. Waste Water Disposal: ___ Septic System ___ Public Sewer ___ None

6. Water Supply: ___ Private Well ___ Public Water

7. Heating Fuel: ___ Oil ___ Gas Other _____

Applications involving additions or modifications to single family residences or applications with no site disturbance and no storage or use of hazardous chemicals skip to item 18.

8. Total acreage of project site _____

9. Total acreage of area to be disturbed including structures, additions, paving, and soil disturbance

10. Percent of existing impervious surfaces including buildings, roads and pavement _____

11. Proposed increase in impervious surfaces _____

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

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

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

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

17. Describe any wastes generated and their means of disposal

18. Contact Information:

Name: _____

Company: _____

Address: _____

Phone: _____

Email: _____

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.