



Planning Department · Hamden Government Center  
2750 Dixwell Avenue · Hamden, CT 06518  
Phone (203) 287-7070 Fax (203) 287-7075  
www.hamden.com

## TOWN OF HAMDEN APPLICATION TO AMEND THE ZONING MAP

### INSTRUCTIONS

Below please find a list of the materials to be submitted to the Planning Office. It is the applicant's responsibility to provide all of this information. While Town staff will be happy to answer your questions, they are not responsible for preparing the information or assuring its accuracy. The Hamden Zoning Regulations are available in the Planning Office as well as 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 the meeting **two months later**.

Applications to amend the Zoning Map 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 the meeting **two months later**. The regular meetings of the Planning & Zoning Commission are held on the **second and fourth Tuesdays** of each month. Applications will be referred to the appropriate departments and agencies for comments.

### SUBMISSION REQUIREMENTS

**The applicant must make sure to meet all of the requirements listed in Sections 702.4 through 702.6 of the Zoning Regulations**

1. **FEE**: \$460 (subject to change) cash or check payable to the Town of Hamden
2. Both the property owner **and** the applicant must sign the application.
3. Submit one (1) original and fourteen (14) copies of the application and one (1) original and fourteen (14) copies of the proposed changes to the Zoning Map and any other supporting documentation, in accordance with Sections 702.4 through 702.6 of the Hamden Zoning Regulations. Any maps 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. Applications must:
  - a. Be signed by the party proposing the amendment or by the agent for such party;
  - b. Include a metes-and-bounds description of the land to be included in the amendment;
  - c. Provide fifteen copies of a narrative stating the reason(s) for the proposed amendment;
  - d. Contain fifteen copies of a map showing north arrow, name of the petitioner(s) and all existing lots, dimensions, property lines, streets, and existing and proposed zoning for the area included in and within 500 feet of the subject property;
  - e. Include fifteen copies of a map accurately drawn to a maximum scale of 50 feet and a minimum of 200 feet to the inch. The map may show other information considered pertinent by the applicant.
5. **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.
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** – If the subject property is located within a public water supply aquifer or watershed area, applicants 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. Provide a **list of all property owners required to be notified per section 702.6** and **stamped** (not metered) **envelopes addressed to all property owners** (not tenants) on abutters list from Assessor's Office, including the applicant filing the application and the property owners of record on the date of filing the application whose property, according to Town Land Records, is located within, abutting, or directly across the street from all boundaries of the proposed zoning map change. Address the envelopes to the property owners' mailing address. The return address should read:

Planning and Zoning Commission  
Hamden Government Center  
2750 Dixwell Avenue  
Hamden, CT 06518

9. **Notification of Town Clerks** – If the subject property is within 500 feet of one or more neighboring municipalities pursuant to *Connecticut General State Statutes Section 8-3b*,

you **must provide stamped (not metered) envelopes with completed certified mail tickets addressed to those municipalities.** See the list of addresses on the application form.

10. **Install Sign(s) Informing the Public of Public Hearing** – This application requires a public hearing. Therefore, per Section 726.5.3, the applicant must place a sign or signs on the affected property, clearly visible to passers by, giving notice of the proposed public hearing. Where the property is a corner lot, a sign shall be placed on both frontages of the property.

The sign(s) is to be placed at or near the street line or traveled way and shall be clearly visible to the general public. Weather permitting, the sign should be placed on a pole at a height between four and six feet. Alternatively, the sign may be placed on a fence, tree or structure. The sign (s), which is provided by the Planning Department, shall be installed by the applicant no less than 10 days before the hearing. The sign(s) should remain in place until after the Public Hearing has been completed.

Sign(s) are subject to a security deposit in an amount set by the Legislative Council.

An affidavit shall be presented at the public hearing by the applicant or his/her agent certifying that this sign was installed and maintained in accordance with the provisions of this section. A photograph of each sign, showing it placed on the site should also be provided.

Failure to post and/or maintain said sign(s) shall be cause for the Commission to deem an application as incomplete.

The sign(s) should be returned after the Public Hearing has been completed.

11. Revision(s) to the application and any 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.

## **REVIEW CRITERIA FOR CHANGE TO ZONING MAP**

In reviewing the zone change application, the Commission will consider such factors as:

- a. The goals, objectives, and recommendations of the Plan of Conservation and Development;
- b. The intent of zoning and of these regulations;
- c. Changes that have taken place in the rate and pattern of development and land use within the Town and adjoining communities;
- d. The supply of land available in the present and proposed zone;
- e. The physical suitability of the land for the proposed zone;
- f. The impact on the capacity of the present and proposed utilities, streets, drainage systems, and other improvements;
- g. The general character and zoning of the neighborhood;
- h. Impacts on the surrounding area;
- i. Traffic congestion impacts;
- j. The environmental impacts; and
- k. The health and general welfare of the community.



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

**TOWN OF HAMDEN  
 APPLICATION TO AMEND THE ZONING MAP**

**Pursuant to Section 702 of the Hamden Zoning Regulations**

APPLICANT \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 (Name)  
 ADDRESS \_\_\_\_\_  
 (Street No and Name) (Town and State) (Zip Code)

EMAIL ADDRESS OF CONTACT PERSON: \_\_\_\_\_

PROPERTY OWNER(S) of subject address  
 (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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

ZONING MAP CHANGE SITE LOCATION: \_\_\_\_\_  
 \_\_\_\_\_

ZONING MAP AMENDMENT: FROM ZONE(S) \_\_\_\_\_ TO ZONE(S) \_\_\_\_\_

Will this proposed zoning map change affect the use of a zone or any portion of a zone that is within 500 feet of the boundary of another municipality?  YES  NO

If yes, which municipality (ies)? \_\_\_\_\_ -  
 \_\_\_\_\_

**If the answer is "yes", pursuant to Connecticut General State Statutes Section 8-3b, you must provide stamped (not metered) envelopes with completed certified mail tickets addressed to any municipalities identified above.** The towns that abut Hamden are listed below:

- |   |  |
|---|--|
| 1. Town Clerk of North Haven<br>18 Church Street<br>North Haven, CT 06473 | 2. Town Clerk of New Haven<br>135 Church Street<br>New Haven, CT 06510 |
|---|--|

3. Town Clerk of Cheshire  
84 South Main Street  
Cheshire, CT 06410

4. Town Clerk of Wallingford  
45 South Main Street  
Wallingford, CT 06492

5. Town Clerk of Bethany  
40 Peck Road  
Bethany, CT 06525

6. Town Clerk of Woodbridge  
11 Meeting House Lane  
Woodbridge, CT 06525

Will this proposed zoning map change affect the use of a property or any portion of a property that is in the:

Spring Glen Village District  
Newhall Design District

YES  
 YES

NO  
 NO

DESCRIPTION OF PROPERTY (Map showing affected property and abutting zones must be attached.)

---

---

---

REASON FOR PETITION FOR CHANGE

---

---

---

---

Have there been any previous petitions for same location?  YES  NO  
If YES, list name of applicant \_\_\_\_\_

---

---

---

RIGHT OF ENTRY: The undersigned owner and/or authorized Agent grants permission to the Zoning Enforcement Officer, Town Planner or their authorized representatives to enter and re-enter property identified to be changed, for purposes of inspection prior to Commission action.

SIGNATURE \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
(Name)

MAILING ADDRESS

\_\_\_\_\_  
(Street No. and Name) (Town and State) (Zip Code)

**If you require additional space to complete any of your answers, please attach to this document.**

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:

10. 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.
11. 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.**
12. For Step 2.3, the PWSID number is: **0930011**
13. Print a copy of the completed form and submit to the Planning and Zoning Department with your application.
14. If you have any questions or problems concerning the website contact the Department of Public Health staff at: (860) 509-8000.