



PLANNING AND ZONING COMMISSION
TOWN OF BRANFORD

1019 Main Street, Branford, CT 06405, Telephone: (203) 488-1255, FAX: (203) 315-2188

APPLICATION FOR CERTIFICATE OF ZONING COMPLIANCE
SITE PLAN, SPECIAL EXCEPTION OR SDA/PDD

ADDRESS OF PROPERTY _____

TAX MAP _____ BLOCK _____ LOT _____ ZONING DISTRICT _____

PROPOSED USE _____ SCHEDULE A, LINE # _____

SITE PLAN _____ SPECIAL EXCEPTION _____ SDA/PDD _____

PLEASE SUBMIT WITH COMPLETED APPLICATION

1. Application fee. (See fee schedule)
2. Routing sheet.
3. Application materials described in Sect. 31.4 of the Branford Zoning Regulations including

- | | |
|-----------------------------|------------------------------|
| (1) Statement of Use | (5) Floor Plans & Elevations |
| (2) Site Plan Map | (6) Traffic Report |
| (3) Erosion Control Plan | (7) Drainage Report |
| (4) Tabulation of Standards | (8) Flood Requirements |

4. Copy of any variance, wetlands approval, or Coastal Site Plan Review pertinent to the application.

5. Additional information which may be necessary to determine compliance.

The undersigned states that information submitted with this application is correct and acknowledges that any approval based on erroneous or incomplete information shall be null and void.

Owner _____	Applicant _____
Address _____	Address _____
Phone _____	Phone _____
E-mail _____	E-mail _____
Fax _____	Fax _____

Signature _____ Signature _____

FOR OFFICE USE ONLY:

Receipt Date _____ Fee Paid _____

Approved/Denied by P& Z on _____ Application # _____