

☐ New Application **(\$1,030.00 Fee)**

☐ Renewal **(\$550.00 Fee)**

APPLICATION NO.: _____

☐ Residential **(100–250 c.y \$550.00 Fee)**
(Anything over 250 c.y. all applicable fees apply)

APPLICATION FOR
SPECIAL PERMIT FOR EXCAVATION AND FILLING OF LAND

Applicant: _____
(Name of Applicant or Agent, please print)

Mailing Address: _____

(City)

(State)

(Zip)

E-Mail Address: _____

Telephone: _____
(Please include area code) (Signature of Applicant or Agent)

1. I (We) hereby petition the Planning and Zoning Commission to:

- ☐ Fill property as described below,
☐ Remove top soil, loam, gravel, clay, stone or minerals,
☐ Stockpile earth materials on land located in Wallingford at:

(Address of Project)

IF RENEWAL OPERATION:

2. Initial permit for site granted on: _____
3. Expiration date of existing permit: _____
4. Amount of bond in place: _____

All operations must comply with the requirements as defined under Section 6.10 of the Wallingford Zoning Regulations.

Application Fee Paid: _____ Date: _____ Recording Fee Paid: _____ Date: _____

*Pursuant to Section 8-3b of the Connecticut General Statutes, no Special Permit is effective until a copy is filed on the Land Records. If this application is approved, a \$60.00 fee will be required to cover the filing of this Special Permit on the Land Records; checks should be made payable to "Town Clerk - Wallingford".

!!!! THE APPLICANT, OR THEIR REPRESENTATIVE, MUST BE PRESENT AT EACH PZC MEETING AT WHICH THEIR APPLICATION WILL BE HEARD !!!!