



APPLICATION # _____

Application fee: \$250.00

Filing Fee: \$70.00

SPECIAL EXCEPTION APPLICATION

Zoning Board of Appeals

PLEASE PRINT OR TYPE:

ADDRESS (Location of Special Exception Request): _____

ZONING DISTRICT: _____

APPLICANT INFO:

NAME: _____

ADDRESS: _____

PHONE: _____ E-MAIL ADDRESS: _____

PROPERTY OWNER (if other than applicant):

Check here if same as Applicant:

☐

NAME: _____

MAILING
ADDRESS: _____

PHONE: _____ E-MAIL ADDRESS: _____

PROPERTY OWNER SIGNATURE: _____

ABUTTING NEIGHBOR PROPERTY OWNER INFO:

This information **MUST** be provided by the **Town of Wallingford's Assessor Records** for all properties sharing any portion of a boundary with Application Property.

NAME: _____ MAILING ADDRESS: _____

1. _____

2. _____

3. _____

4. _____

(Attach additional sheet(s) if necessary)



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SPECIAL EXCEPTION REQUEST (select one):

GARAGE AREA* ☐

*Max area permitted per Zoning Regs. Section 6.2 _____

*Existing garage area _____ Proposed garage area _____

*Total Garage Area Requested _____

CUSTOMARY HOME OCCUPATION* ☐

* Include floor plan & identify location of home

SIGNAGE* ☐

*Max total signage allowed per Regs _____

*New Sign Area requested _____

*New sign Type(s) requested _____

DAY CARE CENTER/NURSERY SCHOOL* ☐

*Proposed enrollment _____

BOARDING/ROOMING HOUSE: ☐

BED & BREAKFAST* ☐

*Floor plan identifying guest rooms and owner quarters

STABLE ☐

WINDMILL ☐

SOLAR PANELS & SATELLITE DISHES ☐

SUBMISSION REQUIREMENTS (for all Special Exception Requests):

One hard copy application package including; complete Application, Application Fee, Filing Fee, Survey map drawn to scale, plans/renderings of proposed project including any new structures/additions proposed with all dimensions noted (including height) and any required off-street parking located.

One electronic application package; application, survey and plans sent to: Zoning@wallingfordct.gov

Proof of required Notifications by returning Certificates of Mailing/Certified Receipts to Planning and Zoning Office prior to scheduled Meeting/Public Hearing Date.

*additional submission requirements

(FOR ZBA USE ONLY)

DECISION:

GRANTED ☐

DENIED ☐

EFF: _____

REASON(S) FOR DECISION: _____

CONDITION(S): _____

ZBA SIGNATURE: _____, WALLINGFORD ZONING BOARD OF APPEALS