



City of Groton, CT
Department of Planning & Economic Development

Form 1 - Planning and Zoning Application

*Submit all applications and fees in person at the
Building and Zoning Department, 295 Meridian St, Groton, CT 06340 M-F between 8:00AM – 4:00PM.*

*For more information please visit us at the above address or call to schedule an appointment:
City Planner: 860-446-4169, Dennis Goderre, ASLA, AICP CUD*

Important Considerations

Ten copies of applications requiring Planning and Zoning Commission or City Planner review shall be submitted three (3) weeks in advance of a regularly scheduled meeting date. See the Planning and Zoning webpage for schedules. PDF of all application material shall accompany the submission and all fees paid at time of application.

SEE APPENDIX A OF THE ZONING REGULATIONS FOR SITE PLAN FORMAT SUBMISSION REQUIREMENTS.

The application will be received¹ at the next regularly scheduled meeting that follows the date of submission. If a public hearing is not required and depending upon the nature of the application, the Commission may or may not review the application at the meeting the application is received. If a public hearing is required, the earliest the hearing will occur is the next regularly scheduled meeting after the date of receipt. See Section 9.0 Administrative Provision of the Zoning Regulations for specific procedural requirements.

NOTE: Prior to filing an application a Pre-application meeting is recommended as outlined in Section 9.1 of the Zoning Regulations.

Application Type

Select all application(s) required and attach the completed form(s) as referenced:

- | | |
|--|---|
| <input type="checkbox"/> Zoning Permit (Form A) | <input type="checkbox"/> Subdivision/Lot Line Revision (Form D) |
| <input type="checkbox"/> Site Plan (Form A & Zoning Table) | <input type="checkbox"/> Lot Combination (Form D) |
| <input type="checkbox"/> Site Plan: Major Mod. (Form A & Zoning Table) | <input type="checkbox"/> Zoning Amendment (Map) (Form E) |
| <input type="checkbox"/> Special Permit (Form A) | <input type="checkbox"/> Zoning Amendment (Text) (Form E) |
| <input type="checkbox"/> Coastal Area Management (Form A & B) | <input type="checkbox"/> Subdivision – Major Mod. |
| <input type="checkbox"/> Floodplain Development (Form A & C) | |

¹ CGS 8-7d (c) ‘date of receipt’ is “...the day of the next regularly scheduled meeting of such commission, board or agency, immediately following the day of submission to such commission, board or agency or its agent of such petition, application, request or appeal or thirty-five days after such submission, whichever is sooner.”

Property Information

Property Address²: _____

Property Size: _____ Acres _____ SF In flood zone: Yes³ No In CAM Zone: Yes⁴ No

Zoning District(s): _____

Parcel ID _____ Information can be obtained at <http://maps.groton-ct.gov/apps/GrotonViewer/>

If more than one property is part of the project, separate application forms and fees must be submitted for each property.

Property Owner Information

Name(s): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile: _____ Email: _____

Stormwater Management Design

Does the stormwater management plan meet the requirements of Section 7.7.C? Yes No (See note below)

If no, what section(s) of the regulations are you requesting relief by Special Permit? _____

Explain (below or attach separate sheets):

Note: A stormwater management report with supporting calculations must be provided and signed and sealed by the design engineer licensed in the State of Connecticut. If the plan conforms to Section 7.7, a separate letter from the engineer of record shall be provided specifically stating that plan conforms to the requirements of Section 7.7.C

² Address shall correspond to the address identified on the Assessors Property Information <http://maps.groton-ct.gov/apps/GrotonViewer/>

³ If within a Flood Protection Overlay Zone Form C must accompany this application. See Section 5.3 FP Overlay Zone

⁴ If in a CAM area Form B must accompany this application. See Section 5.2 CAM Zone

Applicant Information

Note: Designer/representative/architect/engineer is NOT the applicant (see Agent contact information below).

Please check if Applicant is the same as Property Owner

Name: _____ Company: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile: _____ Email: _____

Agent/Primary Point of Contact (may be designer/representative/architect/engineer)

Name: _____ Company: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Mobile: _____ Email: _____

Signatures (all owners)

By signing below I acknowledge the following;

1. This entire application must be completed, signed, and submitted with the required fee(s) and map(s) prepared in accordance with the applicable regulations or the application may be deemed incomplete or denied;
2. This application constitutes the property owner's permission for the commission or its staff to enter the property for the purpose of inspection;
3. The applicant agrees to pay all additional fees and/or address such costs deemed necessary by the Department of Planning and Economic Development as described in the City Fee Ordinance #169; and
4. That the information provided herein and any supplemental information that may be provided in support of the application is accurate to the best of my knowledge and truthfully represents the information it is intended to support, including but not limited to, property descriptions, use descriptions, calculations, and methods and means of construction.

Applicant: _____ Date: _____

Printed Name: _____

Agent: _____ Date: _____

Printed Name: _____

Property Owner (1): _____ Date: _____

Printed Name: _____

Property Owner (2): _____ Date: _____

Printed Name: _____

If held in a Trust, name of Trust: _____