

MUNICIPAL IMPROVEMENT APPLICATION CGS §8-24

WESTPORT PLANNING and ZONING COMMISSION

CAM SITE PLAN

(Check if project is located within Coastal Boundary-see GIS map)

Submission Date: _____

1. Property Address _____
(As listed in the Assessor's records or N/A if not applicable)
2. Property ID# (9 Digits) _____ Zone District: _____
3. This property is connected to: Septic or Sewer
4. Does this project involve demolition of a building 50+ yrs old or more?
 No If Yes = Visit HDC Rm 108, 203-341-1184.
5. Applicant's Name _____ Daytime Tel # _____
6. Zoning Board of Appeals Case # (if any) _____
7. Existing Uses of Property: _____
8. Describe Proposed Project or Attach a Project Narrative: _____

9. This property Is Is Not within 500 feet of an adjoining municipality.
10. List your Estimated time needed for your presentation at hearing: _____

I hereby certify that the above information is correct and that I have submitted herewith all of the pertinent documentation required by the zoning application.

Applicant's Signature (If different than owner)

Owner's Signature (Must be signed ¹)

¹ If the applicant is unable to obtain the signature of the First Selectman, a letter of authorization signed by the property owner may be submitted instead.