

**TOWN OF SOMERS
ZONING COMMISSION
P.O. BOX 308
SOMERS, CT 06071**

___SPECIAL USE PERMIT ___ZONE CHANGE

FEE: \$360 (\$60 ST fee incl.)

PLEASE TYPE OR PRINT

DATE:

APPLICANT: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

LOCATION: _____

OWNER OF PROPERTY: _____

ZONE: _____ SPECIAL USE SECTION: _____

COPY OF DEED REQUIRED FOR PROPERTY DESCRIPTION – ZONE CHANGE ONLY

STATE ACTION AND USE REQUESTED:

INTENDED USE OF PROPERTY SHOULD APPROVAL BE GRANTED:

NUMBER OF OFF STREET PARKING SPACES:

SIGNATURE: _____ **DATE:** _____

-----DO NOT WRITE BELOW-----

DATE OF PUBLIC HEARING:

DECISION: