



**TOWN OF NORTH STONINGTON
LAND USE OFFICE**

40 Main Street, North Stonington CT 06359
Phone: 860-535-2877 x26 Fax: 860-535-4554
Website: www.northstoningtonct.gov

**PRE-APPLICATION REVIEW FOR A CHANGE OF USE OR CHANGE
OF USER**

Property Address: _____ **Application Received** _____

Property owner Phone #: _____ Fax# _____ E-mail _____

Property owner's mailing address: _____

Applicant/Agent Phone #: _____ Fax# _____ E-mail _____

Applicant/Agent's mailing address: _____

PREVIOUS USE

Name of Business: _____

Please describe the products and/or services offered: _____

PROPOSED USE

Name of Business: _____

Please describe the products and/or services to be offered: _____

Number of employees Hours & days of operation: _____

The internal changes to the building will include: _____

The external changes to the building will include (**Any & all signs will require a separate application**): _____

The changes to the site or property will include: _____

Please include any other relevant information: _____



Town of North Stonington
Planning and Zoning Commission

Application for Change of Use Approval

Application Number: Receipt Date:

Applicant Information:

Name: _____

Mailing Address: _____

Contact Info: Phone: _____ Fax: _____ E-mail: _____

Owner of Record:

Name: _____

Mailing Address: _____

Contact Info: Phone: _____ Fax: _____ E-mail: _____

Property Location: _____

Assessor Parcel Information:

Map:

Lot:

**Zoning District
Of Property:**

R40 - R60 - R80 - C1 - C2 - VC - HC - I - OR - CD

**Restrictive
Overlay Area:**

N/A - VP - AP - SU

Type of Use:

Commercial - Industrial - Community Non-Profit - Agricultural

PLEASE ATTACH DETAIL OF PROPOSED CHANGE PER CHECKLIST

The applicant and property owner above are applying for a Change of Use Approval as specified above and in accordance with the Zoning Regulations of the Town of North Stonington.

Date

Signature (Applicant)

Date

Signature (Property Owner of Record)

The above stated proposal is hereby certified to comply (___), not comply (___) with the Town of North Stonington Zoning Regulations.

Stipulations: _____

Signature Chairman of P&Z or ZEO: _____ Date _____

PLOT PLAN

In order to accurately review the project it will be necessary for you to provide us with a floor plan, to scale, of the structure being used. The floor plan should include the location of the following:

- | | |
|---|---|
| <input type="checkbox"/> Entrances/Exits | <input type="checkbox"/> Stairs |
| <input type="checkbox"/> Windows | <input type="checkbox"/> Bathrooms |
| <input type="checkbox"/> Shelving | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Partitions | <input type="checkbox"/> Hallways |
| <input type="checkbox"/> Usage of Each Area | <input type="checkbox"/> Any other relevant information |

Additionally, a plot plan will be required, subject to the nature of the project. The plot plan should include the following information:

- Dimensions of lot
- Dimensions of proposed structures
- Adjacent streets/sidewalks
- Other existing uses on property
- Existing and/or proposed Outdoor Lighting (location and type)
- Existing or proposed Landscaping
- Dimensions of existing structures
- Distances from structures to property lines
- Portion of the building to be used
- Parking for customers/employees
- Curb cuts/driveway location
- Any other relevant information

Completion of this form does not constitute Zoning approval. The information provided will assist the Zoning Enforcement Officer in determining the requirements for zoning approval. You will be contacted as soon as possible with a determination.

Applicant/Agent's Signature _____

Property owner's Signature _____ Date _____

This project may require additional permits from other Town Departments. The applicant is responsible for contacting other departments.

CHANGE OF USE APPLICATION CHECKSHEET
(Revised 11/13/2009)

DATE:

PROPERTY ADDRESS:

BRIEF PROPOSAL DESCRIPTION:

REQUIREMENTS: For ALL proposed Change of Use Applications, even where minor or no changes are being proposed for the expansion of the existing building footprint, please provide the following:

1. Change of Use Zoning Permit. (Administrative-**Permitted use in the zone**) to include:
 - A. Narrative: To include a statement of use, the number of employees, anticipated number of patrons at any one time and hours of operation.
 - B. Plot plan of the property showing the locations of all existing and proposed buildings and uses on the site, well, approximate septic system location, sidewalks, or other site improvements.
 - C. Existing & proposed floor plans to scale or with dimensions. All rooms labeled.
 - D. Sketch plans of the existing and proposed change to the exterior of the building.
 - E. Sketched proposed landscape plan. (May be combined with B above.)
 - F. Plan showing existing and proposed parking and traffic flow into and off the site. (parking may have to be re-striped, and a handicap space may be required) Indicate # of required parking spaces per Section 1909.
 - G. All existing and proposed outdoor lighting to be shown, and must meet zoning requirements. Lighting Plan may be required.
 - H. Signage: Any existing non-conforming sign(s) may be used provided there is no increase in the size or height of the sign. Dimensions and height of the existing signage are to be supplied along with the dimensions and height and sketch of the proposed new signage. New signage will require permits and must meet the current requirements of the Zone.
2. The Use of the site may be subject to other permits, conditions and or requirements of the Building Department, Health department and fire department and other agencies that may have jurisdiction.
3. **This is not a complete list. As new information is received, or changes are made, additional permits or reviews may be required.**