

APPLICATION FOR SPECIAL EXCEPTION  
Excavation – Deposit of Fill  
NOANK ZONING COMMISSION  
NOANK, CT 06340

Application Number \_\_\_\_\_

The undersigned hereby requests a Special Exception to:

- Deposit Fill on       Excavate material from

the below described property within the Noank Fire District. Should this application be approved, it is understood that it shall authorize only those activities described in this application and any conditions or safeguards required by the Commission. It is also hereby understood that any work authorized under this Special Exception shall be completed within 2 years after the commencement and failure to complete all such work shall be deemed a violation of the Noank Fire District Zoning Ordinance.

1. Name of Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

2. Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Relationship to Owner: \_\_\_\_\_

3. Location Description of Property Involved: \_\_\_\_\_

Street Address: \_\_\_\_\_

Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_ Map No. \_\_\_\_\_

Zoning Class \_\_\_\_\_  Within       Outside Coastal Boundary

Flood Insurance Rating Map Classification of site. \_\_\_\_\_

4. Total Square Feet of Property Involved: \_\_\_\_\_

5. Description of Proposed Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Total Estimated Number of Yards of Material to be : \_\_\_\_\_

- Excavated       Removed       Deposited

All proposed activities will be undertaken in accordance with all requirements and provisions of the Noank Fire District Zoning Ordinance.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Date Application Rec'd \_\_\_\_\_

Date of Public Hearing \_\_\_\_\_

Date of Approval \_\_\_\_\_

Conditions of Approval: