☐ New Application **($1,030.00 Fee)**

☐ Renewal (**$550.00 Fee**)

APPLICATION NO.:_____

☐ Residential (**100–250 c.y $250.00 Fee**)
(Anything over 250 c.y. all applicable fees apply)

APPLICATION FOR
SPECIAL PERMIT FOR EXCAVATION AND FILLING OF LAND

Applicant:_____
(Name of Applicant or Agent, please print)

Mailing Address:_____

_____
(City) (State) (Zip)

Telephone:_____ _____
(Please include area code) (Signature of Applicant or Agent)

****

1. I (We) hereby petition the Planning and Zoning Commission to:

   ☐ Fill property as described below,

   ☐ Remove top soil, loam, gravel, clay, stone or minerals,

   ☐ Stockpile earth materials on land located in Wallingford at:

_____
(Address of Project)

****

IF RENEWAL OPERATION:

2. Initial permit for site granted on:_____

3. Expiration date of existing permit:_____

4. Amount of bond in place:_____

All operations must comply with the requirements as defined under Section 6.10 of the Wallingford Zoning Regulations.

Application Fee Paid:_____ Date:_____ Recording Fee Paid:_____ Date:_____

*Pursuant to Section 8-3b of the Connecticut General Statutes, no Special Permit is effective until a copy is filed on the Land Records. If this application is approved, a $53.00 fee will be required to cover the filing of this Special Permit on the Land Records; checks should be made payable to "Town Clerk - Wallingford".

!!!! THE APPLICANT, OR THEIR REPRESENTATIVE, MUST BE PRESENT AT EACH PZC MEETING AT WHICH THEIR APPLICATION WILL BE HEARD !!!!

Revised: 09/09/09