

Town of Washington Zoning Commission

Special Permit Application

A Special Permit is required for specific uses as listed in the Zoning Regulations for each Zoning district.

Address of Proposed Use: 7-11 WORCESTER RD, WASHINGTON DEPOT, CT 06794

Name and Mailing Address of Property Owner:

SYLVANA & ADAM DURRETT, SAME ADDRESS ABOVE

Name and contact information for authorized agent (if applicable – attach letter of authorization):

Application is for (Check One):

New Special Permit - Fee: \$150 (PREVIOUSLY SUBMITTED)

Proposed Use: BARN

Zoning Regulation Section: SECTION 13 - SPECIAL PERMITS

Zoning District: R-1 Historic District: yes no

(SEE ARCHITECTURAL
DRAWINGS)

Attach a written statement with a Description of the Proposed Use. For new buildings include information such as the height and dimensions, for new businesses: type of business, hours of operation, number of employees, square footage of business area, etc. Also attach description of how the proposed use complies with each of the requirements of the specific special permit section listed above.

Attach site plan or survey map showing location of proposed or existing building, location of septic system, distance from each boundary line and from the septic system to the proposed structure, parking spaces, etc.

Attach a floor plan.

*****ALL PLANS/MAPS MUST BE FOLDED TO FIT IN LEGAL SIZE FOLDER*****

Modification of an existing Special Permit – Fee \$50

Approved Use: _____

Zoning Regulation Section: _____

Date of Approval: _____

Attach a written description of the proposed revision and why it is needed.

_____ Attach a site plan or survey map showing the location of the proposed revision with distances to property lines, well and septic system

_____ Attach a revised floor plan, if applicable

*****ALL PLANS/MAPS MUST BE FOLDED TO FIT IN LEGAL SIZE FOLDER*****

Also required for **ALL** applications:

X Health Department Approval: Health Department Agent Sign-off Date: _____

X Application fee as listed above plus \$60 State Tax – Check payable to Town of Washington
(PREVIOUSLY SUBMITTED)

_____ Letter of Authorization signed by the property owner if he will be represented by an agent

_____ Signed Mandatory Land Use Pre-Application Form re: Conservation Easements

_____ Proof of Inland Wetlands Commission approval, if applicable

_____ Proof of Zoning Board of Appeals approval and filing on the Land Records, if applicable

_____ Proof of Historic District Certificate of Appropriateness, if applicable


_____ Driveway sign-off from the First Selectman, if applicable

Site plans and sketch plans shall meet the standards listed in Section 14 of the Zoning Regulations

Additional documentation may be required depending on proposed use.

This application must be submitted to the Land Use Office.

The Undersigned hereby certifies that the information provided in this application, including its supporting documentation, is accurate and true.

Signature of Property Owner:   Date: 08/17/21
Sylvana Durrett (Aug 17, 2021 09:19 EDT) Adam Durrett (Aug 17, 2021 12:02 EDT)

Telephone Number: 917-399-8981 or 917-601-6922 Email Address: sylvana.durrett@gmail.com
adurrett@gmail.com

*****UNFOLDED PLANS/MAPS WILL NOT BE ACCEPTED*****

FOR OFFICE USE:

Received by: _____ Date: _____

Amount Paid: _____ Check # _____ Date: _____ Written by: _____

Scanned _____ Building _____ Index _____