ST OF THOMAS	SITE PLAN APPLICATION		
	Applic	ation #:	
		Date:	
VIEL		Fee:	
Location of Site:			
Proposed Use:			
Zoning District: GC M1	M2 RA80A	RA80	RA15
Property located within 500 feet of a town	line? Yes No		
If yes, which Town:			
Owner Name:			
Address:	Phone No:		
The undersigned hereby makes application accordance with the provisions of <i>Article</i> of the Zoning Regulations.			
Applicant Name:			
Address:			
Phone #: E			
Signature:			
Submission of Application The submission of this application is unde	er the provisions of:		
Section 11.4 Section 11.4.L Section 7.1 Section 9 OTHER:	Site Plan Approval Site Plan Modification Flood Plain District Signage		
Previous Application Has a previous Site Plan Application been	filed for the same premises?	Yes	No

Signature & Authorization

I hereby certify that the above information and plans submitted are true and correct, and that, if required, an application for an Inland Wetlands permit has been filed before or on the same day as the filing of this application with the Planning & Zoning Commission.

I further agree to conform to all requirements of the laws of the State of Connecticut and Ordinances and Regulations of the Town of Thomaston, and to notify the Land Use Office of any alteration in the plans for which this permit is being requested. I furthermore agree that the above-described facility is to be located at the proper distance from all property and street lines as required by the Zoning Regulations or any other applicable local and state ordinances and regulations, and understand that the facility upon completion will be used in compliance with the Zoning Regulations of the Town of Thomaston.

APPLICANT SIGNATURE**

DATE

OWNER SIGNATURE**

DATE

****BOTH SIGNATURES ARE REQUIRED****