



CONTACT INFORMATION:		HOURS:
TOWN OF MANSFIELD 4 SOUTH EAGLEVILLE ROAD MANSFIELD, CT 06268	HOUSING : (860) 429-3324 ZONING AGENT: (860) 429-3341 PLANNING DIRECTOR: (860) 429-3330	MON-WED: 8:00 AM - 5:15 PM THURSDAY: 8:00 AM - 6:30 PM FRI-SUN: CLOSED

PLOT PLAN

The applicant shall submit a plot plan showing property lines, driveways, sidewalks/bicycle paths, dwellings and structures, all proposed on-site parking spaces, existing and proposed landscaped areas, trees over 12 inches in diameter (measured 5' above grade) within the area where parking is proposed, fencing and all other site features that may affect parking locations. In addition, the Site Plan shall detail the surface material of the proposed spaces.

PLEASE PRINT OR TYPE	PERMIT # WILL BE ISSUED UPON APPROVAL	
DATE OF APPLICATION	PERMIT #	
PROPERTY LOCATION / STREET ADDRESS	STORRS <input type="checkbox"/>	MANSFIELD CENTER <input type="checkbox"/>
OWNER'S NAME (AS IT APPEARS IN THE LAND RECORDS)	PHONE #	ALTERNATE PHONE #
APPLICANT / AGENT NAME	PHONE #	ALTERNATE PHONE #
APPLICANT / AGENT ADDRESS	TOWN/CITY	STATE ZIP CODE

DWELLING UNIT(S) & FEE
FEE MUST BE SUBMITTED WITH APPLICATION & SITE PLAN

IS THIS PROPERTY IN A HISTORICAL DISTRICT? YES NO

If "YES" is checked, a Certificate of Appropriateness is required unless Zoning approval has been obtained.

NUMBER OF DWELLING UNITS:	<input type="checkbox"/>	1 DWELLING UNIT	\$35.00	
# of Tenant Spaces	<input type="checkbox"/>	2 DWELLING UNITS	\$70.00	TOTAL FEE DUE: \$ _____
# of Visitor Spaces	<input type="checkbox"/>	3 DWELLING UNITS	\$105.00	

REQUEST TO MODIFY PARKING AREA PLAN CRITERIA (attach separate sheet if needed)

REQUEST FOR EXTENSION OF TIME TO COMPLETE SITE WORK
(Reason for extension - attach copy of contract to complete work)

CERTIFICATION:

The applicant accepts this permit on the condition that all ordinances and regulations of the Town of Mansfield shall be in compliance. The applicant further certifies that all information supplied within is true and accurate and that the site work subject to this permit shall be completed and inspected within 90 days of permit issuance unless an extension has been requested and approved. The applicant's signature authorizes the Town agents to enter upon the property as needed to verify compliance with the permit and until approval of the work has been granted.

OWNER/APPLICANT (PRINT NAME)	OWNER/APPLICANT SIGNATURE	DATE
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DO NOT WRITE BELOW: ADMINISTRATIVE USE ONLY					
TOTAL DWELLING UNITS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 TOTAL FEES DUE: <input type="checkbox"/> \$35.00 <input type="checkbox"/> \$70.00 <input type="checkbox"/> \$105.00 PAID BY: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK# _____ MODIFICATION REQUEST? <input type="checkbox"/> YES <input type="checkbox"/> NO EXTENSION FOR TIME REQUEST? <input type="checkbox"/> YES <input type="checkbox"/> NO RECEIVED BY: (INITIALS) _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">APPLICATION RECEIVED</th> <th style="width: 50%;">DATE</th> </tr> <tr> <td style="height: 100px;"> </td> <td> </td> </tr> </table>	APPLICATION RECEIVED	DATE		
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