

**Town of Chester**  
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Chester Connecticut 06412



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### APPLICATION FOR A SPECIAL EXCEPTION

**Refer to Section 120 of the Chester Zoning Regulations**                      **FEE:** \_\_\_\_\_

1. Property Owner's Name: \_\_\_\_\_
2. Property Owner's Address: \_\_\_\_\_
3. Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_
4. Applicant's Name: \_\_\_\_\_
5. Applicant's Address: \_\_\_\_\_
6. Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_
7. Location of Premises: \_\_\_\_\_  
     Map \_\_\_\_\_ Street Number Lot \_\_\_\_\_ Street Name Zoning District \_\_\_\_\_ Total Acres \_\_\_\_\_ :
8. Description of all proposed uses and all proposed improvements: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The Planning and Zoning Commission is authorized to grant a Special Exception for the use and/or improvement herein proposed by the provision of Section \_\_\_\_\_ of the Chester Zoning Regulations.

Accompanying this application form are the following:

- a. A complete and comprehensive statement describing the proposed changes in use and/or improvements for which such Special Exception is requested.
- b. A complete legal description of the premises involved, identifying boundaries by metes and bounds or by courses and distances.
- c. A list of names and addresses, with Tax Map and Lot numbers of owners of all land abutting, and directly across the street from the land to which this application relates.
- d. A site development plan, pursuant to Section 120C of the Zoning Regulations, prepared or approved by a registered professional engineer or surveyor, showing all information required to determine compliance with the Zoning Regulations.
- e. Fifteen (15) copies of all documents, maps and statements must be submitted.

I certify that all of the information on this application, including that shown on the site plan, and on any attachments, is correct as of the date below and is complete to the best of my knowledge.

Owners: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants: \_\_\_\_\_ Date: \_\_\_\_\_



**Application Number:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Fee Paid:** \_\_\_\_\_ **Check # /Cash:** \_\_\_\_\_ **Granted:** \_\_\_\_\_ **Denied:** \_\_\_\_\_

**Zoning Compliance Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_