KILLINGLY ZONING BOARD OF APPEALS
APPLICATION INFORMATION

1. A $435.00 nonrefundable fee must accompany each application. Checks or money orders must be payable to the Town of Killingly.

2. Complete the application form. Supply all requested attachments and information.

3. The Killingly Zoning Board of Appeals monthly meeting is held on the second Thursday of the month in the 2nd Floor Town Meeting Room, Town Hall, 172 Main Street. Public hearings commence at 7:00 PM. All applications submitted prior to 4:30 PM of the preceding day (Wednesday) will be officially received by the Board ("day of receipt") in accordance with State Statutes.

4. The Connecticut General Statutes govern the application process:
   A public hearing must be scheduled within 65 days of the day of receipt (see #3 above)
   The public hearing must be completed within 35 days of its commencement.
   The decision deadline is 65 days from the close of the public hearing.
   Extensions are allowable within guidelines upon the consent of the applicant.

5. Zoning variances are granted only for unnecessary hardship as described in Section 800.2.1 a, b, c & d of the Zoning Regulations (see attached).

6. The concurring vote of four members of the Board is necessary to approve an application.

7. The decision of the Board is published in a legal notice in the Norwich Bulletin. Usually within 1 week (within 15 days by Statute).

8. There is a 15 day appeal period to Superior Court from the date of publication of the decision.

9. At the end of the appeal period, the variance is recorded on the land records in the Town Clerk's office. There is a $53.00 recording fee paid by the applicant.

10. Provided all aspects of the project meet Zoning and Town Regulations, a zoning permit can then be issued.

For more information, contact:

Planning & Zoning Department and IWWC: (860) 779-5311.
Building Office: (860) 779-5315.
Northeast District Department of Health: (860) 774-7350
Water Pollution Control Authority (Sewer Information): (860) 779-5392
Crystal Water Company: (860) 774-8889
800.2 Variances; conditions covering application; procedures:

To authorize upon appeal in specific cases such variance from the terms of these Regulations where, owing to special conditions, a literal enforcement of the provisions of these Regulations would result in unnecessary hardship. (Financial detriment shall not be considered an unnecessary hardship). A variance from the terms of these Regulations shall not be granted by the Zoning Board of Appeals unless and until:

800.2.1 A written application shall be submitted with a $435.00 fee payable to the Town of Killingly. The application is submitted on a form prescribed by the Commission demonstrating: (Effective Date 02/02/88: Amend 07/01/09).

a. That special conditions and circumstances exist which are peculiar to the land, structure, or building involved and which are not applicable to other lands, structures, or buildings in the same district.

b. That literal interpretation of the provisions of these Regulations would deprive the applicant of rights commonly enjoyed by other properties in the same district under the terms of these Regulations.

c. That the special conditions and circumstances do not result from the actions of the applicant. Purchase or lease of property shall not constitute such an "action" in this instance.

d. That granting the variance requested will not confer upon the applicant any special privilege that is denied by these Regulations to other lands, structures or buildings in the same district.
KILLINGLY ZONING BOARD OF APPEALS APPLICATION

A $435.00 fee must accompany each application. THIS FEE IS NONREFUNDABLE. Checks or money orders must be payable to the Town of Killingly.

TO BE COMPLETED BY THE APPLICANT - PLEASE PRINT

Applicant's Name ________________________________

Day Phone # ____________________ Evening Phone # ____________________

Address ____________________________________________

Owner of Land ________________________________________

Address ____________________________________________ Phone # ____________________

LOCATION OF PROPERTY

Street ________________________________________________

GIS # _____ Lot _____ Zoning District _____ Lot Size _______ Frontage _______

TYPE OF APPLICATION (Check appropriate box):

[ ] A variance in the application of the Zoning Regulations is requested.

[ ] There is an error in an order, requirement or decision made by the Zoning Enforcement Officer (Appeal)

[ ] Other (Specify)

________________________________________________________

________________________________________________________

________________________________________________________

________________________________________________________
Current Property Use: ____________________________
(Residential, commercial, industrial)

Proposed Property Use: ____________________________
(Residential, commercial, industrial)

Has any previous Planning & Zoning Commission or Zoning Board of Appeals Application been requested for this property? If so, provide Application #, Applicant's Name and/or Date:

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Briefly describe the proposed project and/or activity:

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

State the appropriate section(s) of the Zoning Regulations you wish to vary or appeal: Board action requested by the applicant:

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Is unnecessary hardship claimed? __________. If yes, state the specific hardship with respect to Zoning Regulations, Section 800.2.1 a. b. c & d. Please note a hardship cannot be financial in nature.

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
ATTACHMENTS:

The following items must be provided to complete this application:

(Check if provided. N/A if not applicable)

____ Site Plan to a scale of 1" = 20' or 1" = 40', including

____ Location and size of existing buildings and uses

____ Location and size of proposed buildings and uses

____ Dimensions of the lot and required and proposed setbacks

____ Driveways and parking areas

____ Wells/Water Lines

____ Septic System/Sewer Lines

____ Accessory structures (swimming pools, tool sheds, etc.)

____ Wetlands and water courses

____ Distinguishing boundary or other landmark features such as stone walls, large trees, etc.

NOTE: AN A-2 SURVEY/SITE PLAN MAY BE REQUIRED

____ Names and addresses of adjoining property owners

____ Copies of the Tax Assessor's property card for this location
(Both sides - available in Assessor's Office)

____ Verification (through Attorney's letter, title searcher and/or complete deed history) of nonconforming lots of record (if applicable). (Zoning implementation: Town of Killingly: May 26, 1975, Borough of Danielson: September 1, 1960)

____ One 8 1/2" X 11" G.I.S. map of the property and surrounding area. (Available in Planning & Zoning Department)

____ Other exhibits or documents supplied by applicant - please specify:

________________________________________________________________________

________________________________________________________________________
The undersigned hereby authorizes the Killingly Zoning Board of Appeals, or its agents, to enter upon the property for the purpose of inspection and enforcement of the Town of Killingly and/or Borough of Danielson Zoning Regulations.

Signed: ____________________________ Date: ________________
(Applicant)

Signed: ____________________________ Date: ________________
(Owner)
PROJECTS WITHIN A PUBLIC WATER SUPPLY WATERSHED OR AQUIFER AREA

“As required by Sections 8-3i and 22a-42f of the Connecticut General Statutes, ALL APPLICANTS, before a Town Board for any project within a public water supply aquifer and/or watershed area are required to notify a water company of any such proposed project by certified mail NO LATER THAN SEVEN (7) DAYS after the date of the application...”

For those within a Connecticut Water Company watershed, they need to file the attached updated Project Notification Form, which is required for applications for projects within their aquifer or watershed areas.

Said form is to be mailed, certified mail return receipt, to the following:

Jessica Demar, Environmental & Regulatory Compliance Coordinator
Connecticut Water Company
93 West Main Street
Clinton, CT 06413

(Office) 860.669.8636
(Fax) 860.669.9326
(Customer Service) 800.286.5700
Public Water Supply Watershed or Aquifer Area
Project Notification Form

Requirement:
All applicants before a municipal Zoning Commission, Planning and Zoning Commission,
Zoning Board of Appeals, or Inland Wetlands Agency for any project located within a public
water supply aquifer or watershed area are required by Section 8-3i and Sec. 22a-42 of the CT
General Statutes to notify Connecticut Water Company of the proposed project by certified
mail not later than 7 days after the date of the application. The notice should be sent to:
Jessica Demar, Environmental & Regulatory Compliance Coordinator, Connecticut Water
Company, 93 West Main Street, Clinton, CT 06413 by Certified Mail, Return Receipt.

General Information:

1. Location map of the project site (please show enough information to locate site).

2. Site plans, including soil erosion and sediment control plan, which have been submitted to
   the town commission for review.

3. Project address ___________________________________________________________

4. Total acreage of project site________________________________________________

5. Existing land use ___________________________________________________________

6. Description of proposed project____________________________________________

7. Acreage of area to be disturbed including structures, additions, paving, and soil
disturbance______________________________________________________________

8. Type of sanitary system (circle one): septic system / public sewer / none

9. Number of existing or proposed floor drains and their point of discharge e.g. sanitary
   sewer, holding tank, or ground____________________________________________

10. Water accessed by (circle one): private well / public water / none
    If other, please specify__________________________________________________
11. Distance of site disturbance to nearest watercourse or wetland

12. Brief description of existing and proposed stormwater management system, including roof drainage, paved areas etc., and discharge points e.g. municipal sewers, drywells, streams, vegetated areas, detention basins etc.

13. Type of heat for facility

14. List of existing and proposed underground or above-ground storage tanks including age, capacity and contents

15. List of potentially harmful chemicals stored or used on property (existing and proposed) and typical onsite volumes, including but not limited to petroleum products, lubricants, solvents, detergents and pesticides

16. Describe any wastes generated and their means of disposal

17. Date application will be heard by Planning and Zoning Commission

18. Date application will be heard by Zoning Board of Appeals

19. Date application will be heard by Inland Wetlands Commission

20. Name, address and telephone number of contact person for the project:

Name of person completing form   Signature   Date
Watershed or Aquifer Area Project Notification Form

REQUIREMENT:
Within seven days of filing, all applicants before a municipal Zoning Commission, Planning and Zoning Commission, Zoning Board of Appeals or Inland Wetlands Commission for any project located within a public water supply aquifer or watershed area are required by Public Act No. 06-53 of the CT General Statutes to notify The Commissioner of Public Health and the project area Water Company of the proposed project by providing the following information.

To determine if your project falls within a public water supply aquifer or watershed area visit the appropriate town hall and look at their Public Drinking Water Source Protection Areas map. If your project falls completely within or contain any part of a public water supply aquifer or watershed you are required to complete the following information.

Note: You will need information obtained from the Public Drinking Water Source Protection Areas map located in the appropriate town hall to complete this form.

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Step 1: Have you already notified the CT Department of Public Health (CTDPH) of this project?

☐ No, Go to Step 2

☐ Yes, I have notified DPH under a different project name - Complete steps 4-6

☐ Yes, same name different year - Notification Year [ ] Complete steps 4-6

Step 2:

1. Name of public water supply aquifer your project lies within:

2. Name of the public water supply watershed your project lies within:

3. Public Water Supply Identification number (PWSID) for the water utility: CT

Step 3: For 1-5 Check all that apply

1. My project is proposing:

☐ Industrial use; ☐ Commercial use; ☐ Agricultural use; ☐ Residential use;

☐ Recreational use; ☐ Transportation improvements; ☐ Institutional (school, hospital, nursing home, etc.);

☐ Quarry/Mining; ☐ Zone Change, Please Describe:

☐ Other, Please describe:

2. The total acreage of my project is:

☐ Less than or equal to 5 acres ☐ Greater than 5 acres

3. My project site contains, abuts or is within 50 feet of a:

☐ Wetland; ☐ Stream; ☐ River; ☐ Pond or Lake
4. Existing use of my project site is.

☐ Grassland/meadow; ☐ Forested; ☐ Agricultural; ☐ Transportation; ☐ Institutional (school, hospital, nursing home, etc.); ☐ Residential; ☐ Commercial; ☐ Industrial; ☐ Recreational; ☐ Quarry/Mining

☐ Other Please Describe:

5. My project will utilize:

☐ septic system; ☐ existing public sewer; ☐ new public sewer; ☐ agricultural waste facility;

☐ existing private well; ☐ new private well; ☐ existing public water supply;

☐ new public water supply, if new have you applied for a certificate of public convenience and necessity from DPH? ☐ Yes ☐ No

6. My project will contain this percentage of built up area (buildings, parking, road/driveway, pool): ☐ Less than or equal to 20% ☐ Greater than 20% to 50% ☐ Greater than 50%

Step: 4 Applicants Contact Information:

Name: __________________________
E-mail address: __________________________
Telephone: __________________________
Fax number: __________________________

Step 5: Please provide the following if available:

Project name: __________________________
Project site address: __________________________
Town: __________________________
Project site nearest intersection: __________________________
Project site latitude and longitude: __________________________

E-mail completed form to dph.swpmail@ct.gov