

CITY OF NEW HAVEN, CONNECTICUT

CITY PLAN DEPARTMENT | 165 CHURCH STREET, 5TH FLOOR, NEW HAVEN, CT 06510-2010
PHONE 203.946.6379 FAX 203.946.7815

Application for Development Permit

DATA

CHECK BOX WHERE APPROPRIATE. PRINT OR TYPE INFORMATION IN SPACE PROVIDED.

1. Project Address(es)

A/K/A:
Tax Map-Block-Parcel(s)
Nearest Cross Street:

| <input type="checkbox"/> Check Here if Fee Exempt. | THIS BOX IS FOR CITY USE ONLY | | |
|---|--------------------------------------|----------|-----------------|
| <input type="checkbox"/> As-of Right | File # | Fee Paid | Date [yy-mm-dd] |
| <input type="checkbox"/> Zoning Relief | # _____ | \$ _____ | ___/___/___ |
| <input type="checkbox"/> Development Permit | # _____ | \$ _____ | ___/___/___ |
|This includes <input type="checkbox"/> Site Plan Review. <input type="checkbox"/> CSPR ... <input type="checkbox"/> SESC... <input type="checkbox"/> IW | | | |
| <input type="checkbox"/> Flood Development Permit | # _____ | \$ _____ | ___/___/___ |
| <input type="checkbox"/> Performance Bond | # _____ | \$ _____ | ___/___/___ |
| <input type="checkbox"/> Building Permit | # _____ | \$ _____ | ___/___/___ |

2. Property Owner Information & Consent

Name
Firm
Street Address
City State ZIP'

Daytime Phone: _____
 Business Home Answering Service
Fax: _____ Cell: _____
E-Mail: _____

As OWNER OF THE PROPERTY I hereby authorize this development permit application, and:

1. I consent to necessary and proper inspections of the above property by agents of the City at a reasonable time after an application is made, and
2. I certify that I am familiar with all of the information provided in this application, and
3. I am aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties, and
4. I certify that this project conforms to zoning or has applied for or been granted zoning relief.

Dated: _____, 20 ____

Signature of **PROPERTY OWNER**

3. Applicant Information & Certification

Check here if SAME AS OWNER (Fill in only if **not** same as Owner.)

Name
Firm
Street Address
City State ZIP'

Daytime Phone: _____
 Business Home Answering Service
Fax: _____ Cell: _____
E-Mail: _____

As APPLICANT I am familiar with all of the information provided in this application and aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties.

Dated: _____, 20 ____

Signature of **APPLICANT**

4. Authorized Agent Information

Check here if SAME AS OWNER (Fill in only if **not** same as Owner.)

Name
Firm
Street Address
City State ZIP'

Daytime Phone: _____
 Business Home Answering Service
Fax: _____ Cell: _____
E-Mail: _____

Check One: The **AUTHORIZED AGENT** for the attached Development Application is:

Lessee Attorney Architect Engineer Real Estate Agent Contractor Other-Specify _____

As **AUTHORIZED AGENT** I am familiar with all of the information provided in this application and aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties.

Dated: _____, 20 ____

Signature of **AUTHORIZED AGENT**

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Application for Development Permit

WORKSHEET

1. Calculate **LOT AREA** as defined by the New Haven Zoning Ordinance excluding the following categories:

- Wetlands and Watercourses as defined in Sections 22a-38 15&16) C.G.S. and appearing on New Haven County USDA Soil Conservation Service Soil Survey.
- State-designated Tidal Wetlands defined and mapped under Sections 22a-29(a)(2) and 22a-30 C.G.S.
- Any parcel area below the Mean High Water Mark.

| LOT AREA CALCULATION WORKSHEET | |
|--|---|
| ZONING LOT AREA = TAX PARCEL AREA MINUS STEP 1 TOTAL | |
| STEP 1: Add Items A. through C. below: | STEP 2: Subtract STEP 1 TOTAL from Tax Parcel |
| Area: | |
| A. Tidal Wetlands----- SF | TAX PARCEL AREA: _____ SF |
| B. Area below Mean High Water Mark ----- SF | |
| C. Inland Wetlands & Watercourses ----- SF | MINUS STEP 1 TOTAL: _____ SF |
| = STEP 1 TOTAL _____ SF - | ZONING LOT AREA: _____ SF |

2. **ZONING TABLE** (Fill in below or include on submission drawing cover sheet.)

RESIDENTIAL PROJECTS

| ZONING DISTRICT: ___ Not Applicable = <input checked="" type="checkbox"/> | Standard [Permitted or Required] | Proposed [or Allowed by BZA] |
|---|----------------------------------|------------------------------|
| 1. ZONING LOT AREA [Calculate Above] | Sq. Ft. | Sq. Ft. |
| 2. NUMBER OF DWELLING UNITS <input type="checkbox"/> | Units | Units |
| 3. LOT AREA PER DWELLING UNIT <input type="checkbox"/> | Sq. Ft./DU | Sq. Ft./DU |
| 4. IMPERVIOUS SURFACE <input type="checkbox"/> | Sq. Ft. % | Sq. Ft. % |
| 5. FRONT YARD <input type="checkbox"/> | Feet | Feet |
| 6. SIDE YARDS <input type="checkbox"/> | Feet and Feet | Feet and Feet |
| 7. REAR YARD <input type="checkbox"/> | Feet | Feet |
| 8. BUILDING HEIGHT | Feet | Feet |
| 9. PARKING <input type="checkbox"/> | #Spaces | #Spaces |

COMMERCIAL OR INDUSTRIAL PROJECTS

| ZONING DISTRICT: ___ Not Applicable = <input checked="" type="checkbox"/> | Standard [Permitted or Required] | Proposed [or Allowed by BZA] |
|---|----------------------------------|------------------------------|
| 1. ZONING LOT AREA [Calculate Above] | Sq. Ft. | Sq. Ft. |
| 2. TOTAL FLOOR AREA (ALL FLOORS): <input type="checkbox"/> | Sq. Ft. | Sq. Ft. |
| 3. FLOOR AREA RATIO (FAR = B/A) <input type="checkbox"/> | FAR | FAR |
| 4. IMPERVIOUS SURFACE <input type="checkbox"/> | Sq. Ft. % | Sq. Ft. % |
| 5. PARKING <input type="checkbox"/> | Spaces | Spaces |
| 6. LOADING <input type="checkbox"/> | Spaces | Spaces |

3. MATERIAL (SOIL, ROCK OR FILL) TO BE MOVED, REMOVED OR ADDED

CALCULATE MATERIAL TO BE MOVED, REMOVED OR ADDED (Calculate below - Enter sizes in feet).

Length x Width x Depth = Cubic Feet ÷ 27 = Cubic Yards

No Yes **MATERIAL TO BE MOVED:** _____ x _____ x _____ = _____ ÷ 27 = _____

No Yes **MATERIAL TO BE ADDED:** _____ x _____ x _____ = _____ ÷ 27 = _____

No Yes **MATERIAL TO BE REMOVED:** _____ x _____ x _____ = _____ ÷ 27 = _____

TOTAL MATERIAL TO BE MOVED, REMOVED OR ADDED = _____

REGRADEING OF SITE

No Yes Are more than 800 cubic yards soil, rock or fill to be **MOVED, REMOVED OR ADDED?**

No Yes Is more than 30% of the lot area proposed to be **REGRADED** by more than 2 feet? (do following calculation).

REGRADED AREA IN SQUARE FEET _____ ÷ TOTAL LOT AREA _____ IN SQUARE FEET = _____ PERCENT

[Area to be re-graded by more than 2 feet divided by Total Lot Area equals Percentage of Lot to be re-graded]

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Application for Development Permit: Site Plan Review

SITE

A NARRATIVE IS REQUIRED

NARRATIVE: A description of the proposed project in sufficient detail to determine that it complies with the New Haven Zoning Ordinance and State of Connecticut Soil Erosion and Sediment Control Standards. (Attach NARRATIVE or include it on the submitted SITE PLAN).

1. State the purpose and intended use of the project.

2. Describe the structure(s) and construction activities.

3. State the construction Start and End Dates/Provide a Construction Staging Plan/If phased provide Time Estimates for Each Phase.

4. List any Federal or State Permits required and their status. Furnish copy of permits issued or applications filed.

CHECK HERE IF NONE

5. Provide Board of Zoning Appeals Decision Letter(s) if zoning relief has been secured. Plan must be in compliance with the New Haven Zoning Ordinance to receive Site Plan approval.

SITE PLAN SUBMISSION REFER TO "SITE PLAN GUIDELINES" AT CITYOFNEWHAVEN.COM

SURVEY

- A-2 Survey of property boundary, right-of-way, street, building and/or setback lines, easement lines.
- A-2 Survey *not* required. Staff has determined this project is: Exempt Unregulated Minor Application.
- Show Coastal Management District Boundary, Flood Zones, wetlands, watercourses, (soil types if pertinent).

SITE PLAN DATA Please use the checklist below and SESC REGULATIONS as a guide to provide required data.

- SITE PLAN [1" = 20' or larger is preferred] with north arrow, scale, date prepared, and name of preparer.**
- General Location Map at a scale of 1 inch = 600 feet, with North Arrow.
- Buildings and improvements on abutting parcels within 50 feet of the property lines
- Names of abutting Property Owners.
- Driveways, aprons, sidewalks, curbs, walkways, parking layout, loading facilities, and utilities.
- Provide applicable standard City details.
- Existing and proposed topographical contours where slope is **LESS THAN 15%**, show at **2 FOOT** intervals.
- Existing and proposed topographical contours where slope is **15% OR MORE**, show at **5 FOOT** intervals.
- Proposed site alterations including cleared, excavated, filled or graded areas.
- Existing trees with diameters of 8 inches or greater, and changes proposed, including protection measures.
- Edge of wooded areas.
- Proposed landscaping keyed to a plant list. Include size and planting detail.
- Sanitary sewage disposal, water supply lines, other utilities on or serving the site.
- Proposed building plans and elevations.
- New property lines & improvements: signs, fences, walls, dumpsters, outdoor storage area, lighting.

ENGINEERING DATA. Please provide the following data using the checklist as a guide.

- Storm Drainage details including roof leaders.
- Existing and proposed grades and construction materials.
- Support Data and Drainage Calculations to show adequacy of pipe sizes, flow, slope, invert and top of grate connections
[*Not* required because: Exempt Unregulated Minor Application].

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Application for Development Permit: Soil Erosion and Sediment Control Review **SESC**

Please fill out **DATA, WORKSHEET, and SITE SECTIONS** in addition to the following items:

SITE PLAN

On a Scaled Site Plan prepared by a Connecticut Registered Architect, Landscape Architect, Civil Engineer, or Licensed Soil Scientist, show the following:

- Construction details for proposed SESC measures and storm water management facilities in accord with standard city details.
- Location and design details for all proposed SESC measures and storm water management facilities over the period of construction.

SOIL EROSION AND SEDIMENT CONTROL DATA

Print or type information in space provided, or Check appropriate box below if information is not filled in on this form.

- Shown on SITE PLAN, or
- Described in SEPARATE ATTACHMENT.

1. Describe proposed Soil Erosion & Sediment Control Measures.

2. Schedule of Grading and Construction activities. Include start and stop dates and duration of activity.

3. Describe the Sequence for Final Stabilization of the site.

4. Outline the Operations and Daily Maintenance Program.

5. Contingency Provisions. Describe your procedures if unforeseen erosion or sedimentation problems arise.

6. Individual Responsible for Monitoring SESC Control Measures

| | | | | | |
|----------------|-------|-----|-----------------------------------|-------------------------------|--|
| Name | | | Daytime Phone: | _____ | |
| Firm | | | <input type="checkbox"/> Business | <input type="checkbox"/> Home | <input type="checkbox"/> Answering Service |
| Street Address | | | <input type="checkbox"/> Fax: | _____ | <input type="checkbox"/> Cell: _____ |
| City | State | ZIP | <input type="checkbox"/> E-Mail: | _____ | |
| | | | Nighttime/Emergency: | _____ | |

7. On Site Monitor of SESC Control Measure Installation and Maintenance

| | | | | | |
|----------------|-------|-----|-----------------------------------|-------------------------------|--|
| Name | | | Daytime Phone: | _____ | |
| Firm | | | <input type="checkbox"/> Business | <input type="checkbox"/> Home | <input type="checkbox"/> Answering Service |
| Street Address | | | <input type="checkbox"/> Fax: | _____ | <input type="checkbox"/> Cell: _____ |
| City | State | ZIP | <input type="checkbox"/> E-Mail: | _____ | |
| License # | _____ | | Nighttime/Emergency: | _____ | |

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Application for Development Permit: Coastal Site Plan Review

CSPR

Use a check to note items completed. Print or type information in space provided, or attach.

1. General Information.

If this project is within the Coastal Management District, please furnish material required in the SITE section of the application forms and the following additional information:

- A. General Project Area Map locating Coastal Resources on or adjacent to the site, as defined in §22a-93(7), C.G.S.
B. List the type and extent of vegetation, animal habitats and plant types at or adjacent to the site.

C. Yes No Does this project affect the view to or from this site of coastal resources?

D. Yes No Is this Parcel in a Flood Zone? If yes, fill in the **Flood Zone** ___ and **Community-Panel Number 090084-000** ___
(IF YES, A FLOOD DEVELOPMENT PERMIT WILL BE REQUIRED AS PART OF THE BUILDING PERMIT APPLICATION).

E. Yes No Is this a previously developed urban site *REMOTE* from the waterfront?

2. Coastal Resources Impact. Review lists below, check each item which is on or adjacent to the site.

- | Yes | No | COASTAL RESOURCES |
|-----------------------------|--------------------------|------------------------------------|
| A. <input type="checkbox"/> | <input type="checkbox"/> | Coastal Bluffs or Escarpments |
| B. <input type="checkbox"/> | <input type="checkbox"/> | Rocky Shorefronts |
| C. <input type="checkbox"/> | <input type="checkbox"/> | Beaches and Dunes |
| D. <input type="checkbox"/> | <input type="checkbox"/> | Intertidal Flats |
| E. <input type="checkbox"/> | <input type="checkbox"/> | Tidal Wetlands |
| F. <input type="checkbox"/> | <input type="checkbox"/> | Freshwater Wetlands & Watercourses |
| G. <input type="checkbox"/> | <input type="checkbox"/> | Estuarine Embayments |
| I. <input type="checkbox"/> | <input type="checkbox"/> | Nearshore Waters |
| J. <input type="checkbox"/> | <input type="checkbox"/> | Offshore Waters |
| K. <input type="checkbox"/> | <input type="checkbox"/> | Shorelands |
| L. <input type="checkbox"/> | <input type="checkbox"/> | Shellfish Concentration Areas |
| M. <input type="checkbox"/> | <input type="checkbox"/> | Developed Shorefront |
| N. <input type="checkbox"/> | <input type="checkbox"/> | Island |

- | Yes | No | OTHER FEATURES |
|-----------------------------|--------------------------|---------------------------------|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Navigable Waters |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Historical Structure or Feature |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Scenic Feature |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Archeological Feature |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | Recreational Feature |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | Other (Please Describe below): |
- H. Coastal Flood Hazard Area

For CSPR Goals and Policies, See Connecticut General Statutes §22a-92, C.G.S.

For EACH BOX CHECKED YES above, **ATTACH THE FOLLOWING INFORMATION:**

- Describe the character and condition of EACH coastal resource or other feature checked above.
- Identify and describe potential adverse or beneficial impacts of the project on the condition, character and value of EACH resource checked above.
- Describe any measures to mitigate adverse impacts described.
- Identify any conflicts between the proposed activity and any goal or policy in the §22a-92, C.G.S. (CCMA).
- After installation of reasonable measures:
 - a. Describe any remaining adverse impacts.
 - b. Explain why the impacts were not mitigated.
 - c. State why the Commission should find the impacts acceptable.
 - d. Explain how the proposed project is consistent with coastal goals and policies in §22a-92, C.G.S. (CCMA).

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COASTAL SITE PLAN REVIEW: WATERFRONT SUPPLEMENT

CSPR

STOP HERE: COMPLETE THIS SECTION **ONLY** IF THIS IS A WATERFRONT SITE

Check YES or NO for each question listed. Print or type information in space provided, or attach.

READ THE STATEMENT BELOW AND THEN ANSWER THE FOLLOWING QUESTIONS.

WATER DEPENDENT USES are defined in Chapter 444, §22a-93 of the Connecticut General Statutes as:

Those uses and facilities which require direct access to, or location in, marine or tidal waters and which therefore cannot be located inland, including, but not limited to: marinas, recreational and commercial fishing and boating facilities, finfish and shellfish processing plants, waterfront dock and port facilities, shipyards and boatbuilding facilities, water-based recreational uses, navigation aids, basins and channels, industrial uses dependent upon waterborne transportation or requiring large volumes of cooling or process water which cannot reasonably be located or operated at an inland site and uses which provide general public access to marine or tidal waters.

Yes No

1. Are the proposed use or uses water dependent as defined above?

2. Is the site located on a navigable water body?

3. Will the project preclude development of water dependent uses as defined above on or adjacent to this site in the future?
IF YES, DESCRIBE.

4. Have efforts been made to preserve opportunities for future water dependent development?
IF YES, DESCRIBE.

5. Is public access provided to the adjacent waterbody or watercourse?
IF NO, DESCRIBE WHY NOT.

6. Does this project include a shoreline flood and erosion control structure (i.e. breakwater, bulkhead, groin, jetty, revetment, riprap, seawall, placement of barriers to the flow of flood waters or movement of sediment along the shoreline)?
IF YES, DESCRIBE.

7. Does this project include work below the Coastal Jurisdiction Line (i.e. location of topographical elevation of the highest predictable tide from 1983 to 2001)? New Haven CJL elevation is 4.6' (referenced to NAVD88).
IF YES, DESCRIBE.

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Application for Development Permit: Inland Wetlands Review

IW

Inland Wetlands & Watercourse Data

Print or type information in space provided, or attach.
For projects within 50 feet of an Inland Wetland or Watercourse provide a Scaled Site Plan at 1" = 20' or larger scale showing existing and proposed conditions (as described in SITE section) in relation to wetlands and watercourses. Delineation of regulated wetlands, watercourses and soil types by a CERTIFIED SOIL SCIENTIST is required, along with the information below:

1. Describe what activity/alteration is proposed within the wetland and/or watercourse.

2. Wetlands/Watercourse area proposed to be permanently altered: _____ Linear Feet

Wetlands: _____ acres Open Water Body: _____ acres Stream: _____ linear feet

Area of Wetlands and/or Watercourses proposed to be restored, enhanced, or created: _____ acres

3. Describe existing and proposed activities within 50 feet of an Inland Wetland or Watercourse (the upland or buffer area):

4. Upland Area proposed to be altered: _____ acres

5. List any Federal and/or State Permits issued or required and their status for work on this property.

Name of Certified Soil Scientist (or other Licensed Professional) preparing this Application Section

Name _____

Firm _____

Street Address _____

City _____

State _____

ZIP _____

License # _____

Daytime Phone: _____

Business Home Answering Service

Fax: _____ Cell: _____

E-Mail: _____

INSTRUCTIONS FOR INLAND WETLANDS REVIEW

Fill out DATA, SUMMARY, NARRATIVE, SESC and SITE sections with this INLAND WETLANDS Section.

1. Consult the **City of New Haven Inland Wetlands and Watercourses Regulations** to prepare this supplement. They are available on line at cityofnewhaven.com or for purchase at the New Haven City Plan Department.
2. For **Class B Applications** the City Plan Commission may elect to schedule a Public Hearing.
3. For **Class C Applications** a Public Hearing is required.
4. **APPLICANT is required to send NOTICE** to abutters and property owners within 200 feet of the subject property for **Class B and C Applications** not less than 7 days prior to the City Plan meeting date and provide copy of notice and mailing list.

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Worksheet

SITE BOND

PROJECTS THAT REQUIRE A BOND. Site Bonds are generally required for SESC measures, performance and restoration for all projects with a site budget of \$5,000 or more as a condition of Site Plan Review [City projects do not require a bond].

BOND AMOUNT. The Site Plan Review report will state the BOND AMOUNT. At the time of project review the Site Plan Review team will recommend a draft amount. To aid staff in determining the Bond Amount, please determine the CLASS of your project, check the appropriate box and fill in the guideline below.

CLASS 1 - RESIDENTIAL PROJECT

| Average Slope | Cost per Dwelling Unit | x | # DU's | = ... \$ |
|--|---|---|--------|----------------|
| <input type="checkbox"/> Less than 5% | \$2500 | x | _____ | = ... \$ _____ |
| <input type="checkbox"/> 5-10% | \$5000 | x | _____ | = ... \$ _____ |
| <input type="checkbox"/> More than 10% | The Site Plan Review Team will individually assess sites with extraordinary conditions. | | | |

CLASS 2 - COMMERCIAL, INDUSTRIAL OR MIXED USE PROJECT

| Average Slope | % Overall Project Budget | Project Cost | = ... Bond Estimate |
|--|--------------------------|--------------|---------------------|
| <input type="checkbox"/> 3% or Less | 2% Bond | \$ _____ | = \$ _____ |
| <input type="checkbox"/> Moderate, 3 to 8% | 3% to 4% Bond | \$ _____ | = \$ _____ |
| <input type="checkbox"/> More than 10% | 5% to 8% Bond | \$ _____ | = ... \$ _____ |

CLASS 3 - SITE WORK ONLY PROJECT

| Average Slope | Percent of Site Cost | Project Cost | = Bond Estimate |
|--|----------------------|--------------|------------------|
| <input type="checkbox"/> Less than 5% | 120% | \$ _____ | = ... \$ _____ |
| <input type="checkbox"/> 5-10% | 120% to 150% | \$ _____ | = \$ _____ |
| <input type="checkbox"/> More than 10% | 150% | \$ _____ | = \$ _____ |

BOND ESTIMATE

The SITE PLAN REVIEW TEAM has reviewed the submitted materials and **RECOMMENDS A BOND AMOUNT OF:** \$ _____

The Site Plan Review Team will individually assess sites with extraordinary conditions.

The Site Plan Review Team may increase the Bond Estimate from 120% to 150% of your Estimate in the Table above if, in their opinion, extraordinary oversight is necessary based on past experience with a developer. Applicant may appeal that determination by asking the City Plan Commission to review the proposed amount.

BOND INFORMATION

BOND FORMAT. Bonds shall be presented on the attached form prescribed by Corporation Counsel, with the Bond Company's completed form, including Power of Attorney attached. The Bond Form shall contain a brief description of the contracted work to be performed, including the City Plan Report number.

BOND STORAGE. The City Plan Department shall maintain the Bonds by CPC file #. Cash bonds shall be forwarded to the Office of the City Treasurer for deposit in an escrow account.

BOND HOLDING PERIOD. Bonds in a form acceptable to Corporation Counsel shall be on file with the City Plan Department prior to issuance of a Building Permit or initiation of site work. Placement of Soil Erosion and Sediment Control measures is considered the first step of a Building Permit. Bonds will be held for the duration of site work and construction activity and for a period following project completion to assure that slopes are stable and that vegetation and stabilization measures are established. As a general rule site restoration and soil erosion and sediment control bonds will not be released until a growing season has passed, or a minimum of one year following issuance of a permanent Certificate of Occupancy for a building project. The Site Plan Review Team shall determine whether partial release of a Bond is warranted on a case by case basis.

BOND RELEASE PROCESS. Written request for Bond Release to the City Plan Department is required. The Site Plan Review Team will review the request, inspect the site, and concur to authorize partial or full release of a Bond, or defer release until site work has been completed in accord with approved plans. City Plan Department authorized staff must sign the Bond Release Form prior to release of a Bond.

City of New Haven, Connecticut

SITE BOND FORM

This is an AGREEMENT for a PERFORMANCE BOND for completion of SITE WORK as required by the CITY PLAN COMMISSION [CPC] in CPC REPORT # _____ - _____, dated _____, 200____, attached to this BOND FORM.

PRINCIPAL INFORMATION

Name _____
Firm _____
Street Address _____
City _____ State _____ ZIP _____

Daytime Phone: _____
 Business Home Answering Service
 Fax: _____ Cell: _____
 E-Mail: _____

BONDING COMPANY INFORMATION

Local Contact Name _____
Firm _____
Street Address _____
City _____ State _____ ZIP _____

Daytime Phone: _____
 Business Home Answering Service
 Fax: _____ Cell: _____
 E-Mail: _____

are bound to in the sum of \$ _____ (\$ _____ .00)
lawful money of the United States of America for the payment of which sum of money to be made, we bind ourselves,
heirs, executors, administrators, successors and assigns, jointly and severally, by this instrument;

The Principal has entered into a written contract, dated _____ day of _____, 20____, with the _____ for work to be performed at _____, New Haven, Connecticut, as described in the foregoing contract and articles of agreement, as described in the application and City Plan Commission Site Plan Review Report _____ - _____ with the plans and documents submitted with the application, and in response to the conditions of approval.

Now the conditions of this obligation are that if the PRINCIPAL shall in all respects perform the contract, and shall pay all sums of money due or to become due, for any labor, materials, apparatus, fixtures or equipment furnished for the purpose of constructing the work provided in the contract, and shall remove and replace any defects in workmanship or materials that may be apparent or may develop within a period of one (1) year from the date of FINAL ACCEPTANCE, then this obligation shall be void; otherwise it shall remain in full force. For the purpose of the PERFORMANCE BOND, the FINAL ACCEPTANCE shall be the date of issuance of the Certificate of Occupancy or Certification of Project Completion by the City Of New Haven.

And the surety, for value received, stipulates that no change to the terms of the contract or to the work to be performed under it or the specifications accompanying it shall in any way affect its obligation on this Bond, and it waives notice of any such change to the terms of the contract or to the work or to the specifications.

In witness, we have set our hands and seals on _____, 20____.

_____, Principal (Type in Name of Individual: _____)

WITNESS:

_____, (If Individual or Firm) _____, (Title)

Attest:

_____, (If Corporation)

Attest:

_____, (Surety Firm) _____, (Title)

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ACKNOWLEDGMENT OF SURETY COMPANY

STATE OF _____)

CPC BOND # _____ - _____

COUNTY OF _____)

CITY OF _____)

On this ____ day of _____, 20 __, before me personally came _____ to me known to be person named in the above instrument and who after being by me duly sworn, did depose and say she/he resides in _____, that she/he is the _____ of the corporation described in which is executed the above instrument; that she/he knows the seal of said corporation that the seal affixed to said instrument is such corporate seal, that it was so affixed pursuant to a resolution of the board of directors of said corporation, and that she/he signed her/his name by like order.

Notary Public

My Commission Expires: _____, 20 __

[The Surety Company must append statement of its financial condition and a copy of the resolution authorizing the execution of the bonds by officers of the company, and the power-of-attorney of the surety company's attorney-in-fact, authorized to act within the State of Connecticut.]

The foregoing bond and sureties are hereby approved.

Dated New Haven, Connecticut _____, 20 __.

- _____
 Corporation Counsel
 Deputy Corporation Counsel
 Assistant Corporation Counsel

- _____
 Controller
 Deputy Controller

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INCLUSIONARY ZONING WORKSHEET

CHECK BOX WHERE APPROPRIATE. PRINT OR TYPE INFORMATION IN SPACE PROVIDED.

| SECTION A IZ PROJECT INFORMATION | | | | | | |
|---|-------------------------|---|---|---|--|--|
| 1. Name of Inclusionary Development | | | 2. Address(es) of Inclusionary Development | | | |
| 3. MBLU | 4. Ward | 5. IZ Market Area <input type="checkbox"/> Core Market <input type="checkbox"/> Strong Market <input type="checkbox"/> City-wide | 6. Zoning Designation 6a. Underlying Zone: 6b. FAR of underlying Zone: | 7. Prior BZA Decisions (file #) | 8. City Plan Commission Application Information Date: _____ Number: _____ | |
| 9. Owner of Building or Property | | 10. Owner Address (include ZIP code) | | 11. Owner Phone # & Email | | |
| 12. Agent for Owner | | 13. Agent Address (include ZIP code) | | 14. Agent Phone # & Email | | |
| 16. Is the development exempt from IZ per §50(c)(2)? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Exemption type: | 18. Is the development: <input type="checkbox"/> New Construction <input type="checkbox"/> Renovation/Conversion | 19. If renovation/conversion, is the development 50% substantial improvement per §50(a)(3) of the IZ ordinance? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Is the development an IZ "Opt-In" per §50(c)(3)(d)? <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Is the development opting for the "In-Lieu Fee" per § 50(e)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 22. Select the Incentives from § 50(d) proposed for the development. Provide details on selected incentives. | | (1) FAR Bonus <input type="checkbox"/> Permitted FAR: Proposed FAR (≤25% greater): | (2) Waived Parking <input type="checkbox"/> Minimums Required parking: Proposed parking: | (3) Density Bonus <input type="checkbox"/> Permitted gross floor area / dwelling unit: Proposed gross floor area / dwelling unit (minimum 600SF): | Other Zoning Incentives used (non IZ) <input type="checkbox"/> List here: | Tax Abatement <input type="checkbox"/> |
| Note: Financial incentives should be coordinated with the Economic Development Administration | | | | | | |
| 23. Total number of residential units: | | 24. Number of IZ Affordable Units: Number of Voucher Priority Units: | | | | |
| SECTION B IZ AFFORDABLE UNIT CLASSIFICATION | | | | | | |
| Unit or Dwelling Type | All Units (#) | Market Rate Units (# and % of total Market Rate Units) | IZ Units (# and % of total IZ units) | Accessible Units (# market rate, # IZ) | IZ Affordable Unit Set-Aside (#) | |
| | | | | | 50% of AMI | Voucher priority units |
| Studio units | | #: _____ %: | #: _____ %: | | | |
| 1-bedroom units | | #: _____ %: | #: _____ %: | | | |
| 2 or more-bedroom units | | #: _____ %: | #: _____ %: | | | |
| Total | | #: _____ %: | #: _____ %: | | | |
| SECTION C – PROJECT ARCHITECT’S OR PROJECT ENGINEER’S INCLUSIONARY UNIT CERTIFICATION | | | | | | |
| 1. Name: | | 2. CT. Lic. No. | 3. Address: (include ZIP code) | | 4. Phone # and Email | |
| I certify to the best of my knowledge that IZ Affordable Units are "Equivalent" to Market Rate units as defined here and all Affordable Units shall be evenly distributed throughout the building and phases and not concentrated on particular floors, particular building sides, or particular locations. | | | | | | |
| Signature of Project Architect/Engineer: | | | | Date: | | |

SECTION D IZ AFFORDABLE UNIT AGREEMENT

Applicant:

I hereby certify that the Project will include the set-aside IZ Affordable Units as described in Section B of this form, and that the set-aside IZ Affordable Units shall be deed-restricted to ensure the units have rent limits and income limits to ensure the units are set aside and occupied as IZ Affordable Units for a minimum or ninety-nine years. The deed restriction shall be recorded on the New Haven Land Records in advance of final Certificate of Occupancy.

I hereby certify to the best of my knowledge that IZ Affordable Units are "Equivalent" to Market Rate units as defined here:
Equivalency of Units

- Exterior Features and Size. Affordable Units shall reflect the composition of the overall development in number of bedrooms, exterior appearance, and overall quality of construction to market-rate units in the same Project.
- Interior Features. Interior Features shall include the same interior features as market-rate units in the same building, but appliances need not be the same make, model, or style, so long as they are new and of good quality. Additionally, all IZ Units shall have the same building access points and access to all property amenities as provided to market rate units.
- Location of Affordable Units. Affordable Units shall be evenly distributed throughout the building and phases and not concentrated on particular floors, particular building sides, or particular locations. Additionally, all IZ Units shall have the same building access points and access to all property amenities as provided to market rate units.

And I hereby certify that I am an authorized signatory for the owner of the property, that the application and plans are complete with respect to Design Development and correct to the best of my knowledge, that if a permit (or permits) is issued, construction will conform to the applicable Connecticut Building Codes, the New Haven Zoning Code, and other applicable laws and regulations of the City of New Haven.

Signature: _____ Address: _____ Date: _____

Agent: I hereby certify that I have the authority of the owner to make this application. I declare that the application and plans are complete and correct to the best of my knowledge

Signature: _____ Address: _____ Date: _____



ENGINEERING DEPARTMENT

City of New Haven

200 Orange Street, Rm 503

New Haven, CT 06510

www.newhavenct.gov



Justin Elicker
Mayor

Giovanni Zinn, P.E.
City Engineer

Storm Water Management Plan Cover Sheet

This form is to be completed by Applicant when compliance with Section 60 of the City's Zoning Ordinance is required and/or when compliance with GNHWPCA's stormwater regulations are triggered. This form shall be submitted with the Applicant's Storm Water Management Plan and must be updated, as needed, to reflect any changes made to the Plan as part of the Site Plan Review process.

Date: _____

Site Address: _____

Anticipated Construction Start Date: _____ End Date: _____

Parcel Area (acres): _____

Existing Impervious Area (acres): _____

Proposed Impervious Area (acres): _____

Meets Section 60 (Y/N?) _____

Meets GNHWPCA Regulations (Y/N?) _____

If retention system proposed, please provide the area of impervious cover draining to that system (in acres):

Retention Volume Provided (CF): _____

Type(s) of BMP/GI installed: _____