

PLANNING AND ZONING DEPARTMENT

P.O. BOX 610 SOUTHLINGTON, CONNECTICUT 06489 (860) 276-6248



FEE: See fee schedule

FLOODPLAIN APPLICATION

DATE: _____

FF# _____

Applicant name and mailing address: (please print)

Owner name and mailing address: (please print)

Telephone: _____ Fax # _____

Telephone: _____ Fax # _____

Email: _____

Email: _____

General Location: _____

Proposed Activity: _____

Floodplain Filling Amount: _____ cubic yards

Floodplain Compensation for Filling: _____ cubic yards

Has any floodplain on this site previously been filled? Yes/No _____

Date of Filling Application: _____ Acres: _____

Amount & Type of materials to be used (cu. yds) _____

Total Area of Floodplain	Area to be filled	% of total floodplain
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_____ (acres)	_____ (acres)	_____
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Stormwater discharge to the floodplain: _____ cfs

Is any portion of this property within 500 ft of a town boundary? _____

Engineer: _____

Address _____

Phone # _____ Fax # _____

Email: _____

Signature of Applicant/Owner/Agent: _____

Submit 7 copies of plans.