

CASH  
pd 1/15/21  
\$280  
Town Southington

# PLANNING AND ZONING DEPARTMENT

MUNICIPAL CENTER, 196 NORTH MAIN STREET  
SOUTHINGTON, CONNECTICUT 06489  
PHONE (860) 276-6248 FAX (860) 628-3511



FEE: See fee schedule

## SPECIAL PERMIT APPLICATION

Date: 12/28/2020

SPU # 644

Owner name and mailing address (please print):

Applicant name and mailing address (please print):

Michael Browning

Michael Browning

157 Whistling Straits Dr

157 Whistling Straits Dr

Southington, CT 06489

Southington, CT 06489

Telephone: 804-592-1697 Fax # \_\_\_\_\_

Telephone: 804-592-1697 Fax # \_\_\_\_\_

Email: mbrowning@gmail.com

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Address of Property: 157 Whistling Straits Dr Zone: R-40

Assessor's Map # 154 Parcel: 83 Volume: 1456 Page: 329

Is any part of this property within 500 ft. of a Town boundary? No

Zoning Regulation authorizing: \_\_\_\_\_

Nature of Special Permit: Parent Apartment

Signature of Applicant/Owner/Agent: Michael Browning

Please Print: Michael Browning

Please include 7 copies of the boundary map, general development plan, 500 foot\* radius map with all owners listed, a reduction of the application area showing surrounding streets (i.e., not exceeding 8 1/2 in. by 11 in. in size), and any other exhibits.

NOTES: 1. AN APPROVAL OF A SPECIAL PERMIT ONLY BECOMES EFFECTIVE AFTER PROPER NOTICE HAS BEEN PUBLISHED AND THE APPLICANT HAS FILED A COPY OF HIS/HER APPROVAL LETTER WITH THE TOWN CLERK ON THE LAND RECORDS (SEC. 8-3c OF THE CONNECTICUT GENERAL STATUTES). 2. THE APPLICANT MUST SUBMIT A STAMPED COPY (BY THE CLERK) OF THE SUBMITTAL TO THE CLERK WHICH NOTES THE VOLUME AND PAGE NUMBER IN THE LAND RECORDS WHEN APPLYING FOR A SUBSEQUENT PERMIT OR A ZONING PERMIT. 3. AN APPROVED SPECIAL PERMIT USE NOT PUT INTO EFFECT WITHIN ONE YEAR BECOMES NULL AND VOID. A SINGLE ONE-YEAR EXTENSION MAY BE GRANTED BEFORE THE APPROVAL FIRST ANNIVERSARY DATE (SECT. 8-03.3 OF THE ZONING REGULATIONS).

\*For a parent/grandparent apartment Special Permit applications only, a 250 foot radius map with all owners listed is to be provided.