

**TOWN OF STONINGTON**  
 Planning & Zoning Commission

Application Number \_\_\_\_\_

**APPLICATION FOR GROUND WATER PROTECTION PERMIT**  
 Required Under Aquifer Protection Regulations, Section 7.2

Date \_\_\_\_\_

| Applicant            | Engineer/Surveyor    |
|----------------------|----------------------|
| Name _____           | Name _____           |
| Address _____        | Address _____        |
| City/State/Zip _____ | City/State/Zip _____ |
| Telephone _____      | Telephone _____      |

**Location Of Property**

|                      |                      |             |           |            |
|----------------------|----------------------|-------------|-----------|------------|
| Street Address _____ | Assessor's Map _____ | Block _____ | Lot _____ | Zone _____ |
|----------------------|----------------------|-------------|-----------|------------|

**Application shall provide the information required in Section 7.2.6.1 of the Zoning Regulations (1991):**

*(Use Additional Sheet If Necessary)*

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**COMMISSION ACTION:** Refer this application to the following reviewing agencies as required in Section 7.2.6.3:

|                                     |  |                                     |
|-------------------------------------|--|-------------------------------------|
| <b>Water Utility</b>                | <b>Stonington Health Director/<br/>Agent</b> | <b>Other</b> _____                  |
| Date Sent _____ Response Date _____ | Date Sent _____ Response Date _____          | Date Sent _____ Response Date _____ |

**Signatures:**

Owner \_\_\_\_\_ Date: \_\_\_\_\_

Agent \_\_\_\_\_ Date: \_\_\_\_\_

I hereby consent to one or more extensions of the time period fro action as stated in CGS, Section 8-7d, if required for action by the Planning and Zoning Commission.

Owner \_\_\_\_\_ Date: \_\_\_\_\_

Agent \_\_\_\_\_ Date: \_\_\_\_\_