

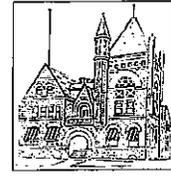


CITY OF WEST HAVEN, CONNECTICUT

Planning and Development Department

City Hall | 355 Main Street | Third Floor
Phone 203.937.3580 Fax 203.937.3742

West Haven, Connecticut 06516-0312
E-Mail: planning@cityofwesthaven.com



CITY HALL 1898-1967

APPLICATION FOR COASTAL SITE PLAN REVIEW

1. APPLICANT INFORMATION

APPLICANT NAME

DATE

ADDRESS

PROJECT ADDRESS OR LOCATION

2. PROJECT PLANS

- A. Plan of Entire Project showing existing and proposed buildings and site improvement
- B. General Project Area Map locating Coastal Resources on or adjacent to the site, as defined in §22a-93(7), C.G.S., the Connecticut Coastal Management Act - CCMA.
- C. List the type and extent of vegetation, animal habitats and plant types at or adjacent to the site.

COASTAL RESOURCES

- A. Yes No Does this project affect the view to or from this site of coastal resources?
- B. Yes No Is this a previously developed urban site *REMOTE* from the waterfront?
- C. Yes No If this Parcel is in a Flood Zone? Fill in the **Flood Zone** _____ and **Community-Panel**
Number **090092-000** ___ Map Date _____

IF **YES**, A FLOOD PERMIT WILL BE REQUIRED AS PART OF THE BUILDING PERMIT APPLICATION.

3. COASTAL RESOURCES IMPACT. Review lists below check each item on or adjacent to the site.

- | Yes | No | COASTAL RESOURCES | M. <input type="checkbox"/> | <input type="checkbox"/> Upland Shoreland Area |
|-----------------------------|--------------------------|--|-----------------------------|--|
| A. <input type="checkbox"/> | <input type="checkbox"/> | Coastal Bluffs or Escarpments | | |
| B. <input type="checkbox"/> | <input type="checkbox"/> | Rocky Shorefront | | |
| C. <input type="checkbox"/> | <input type="checkbox"/> | Beaches or 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 per §22A-38 | | |
| G. <input type="checkbox"/> | <input type="checkbox"/> | Estuarine Embayments | | |
| H. <input type="checkbox"/> | <input type="checkbox"/> | Coastal Flood Hazard Area | | |
| I. <input type="checkbox"/> | <input type="checkbox"/> | Developed Shorefront | | |
| J. <input type="checkbox"/> | <input type="checkbox"/> | Island | | |
| K. <input type="checkbox"/> | <input type="checkbox"/> | Nearshore Waters | | |
| L. <input type="checkbox"/> | <input type="checkbox"/> | Offshore Waters | | |

- | | Yes | No | OTHER FEATURES |
|----|--------------------------|--------------------------|---------------------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Historical Structure or Feature |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Scenic Feature |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Archeological Feature |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Recreational Feature |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Shellfish Concentration Area |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Navigable Waters |

7. Coastal Waters
 8. Other (Please Describe below):

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 §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.

4. CALCULATION OF DREDGING VOLUME

Is dredging planned? [Please Check No or Yes]

- No YOU ARE FINISHED WITH THIS PAGE.
 Yes YES, PLEASE FURNISH CALCULATIONS BELOW

Volume of dredging: _____ Cubic Yards. Depth of Dredging: _____ Feet.
 Dredging Method: _____

NOTE: If YES, Connecticut Department of Environmental Protection (CTDEP) Permit is ALSO required.

NOTICE: BY FILING THIS APPLICATION, OWNER AND APPLICANT CONSENT TO SITE INSPECTIONS BY CITY STAFF AND/OR COMMISSIONERS



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CSPR SUPPLEMENT FOR A SITE ON THE WATERFRONT

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

1. Waterfront Supplement

Yes No

2. Are the proposed use(s) water dependent as defined above?
3. Is the site located on a navigable water body?
4. Will the project preclude development of water dependent uses as defined above on or adjacent to this site in the future? IF YES, DESCRIBE.

Yes No

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

Yes No

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

7. Has the Harbor Management Commission approved the application?

IF YES, INCLUDE DATE OF APPROVAL AND A COPY OF THE CERTIFICATE OF DECISION

Rev. 10-6-10

2015

City of West Haven, Connecticut
Planning and Zoning Commission

2015

Meeting Schedule

Ads: West Haven Voice or New Haven Register

Month	Application Deadline	Meeting Date	Legal Ad 1 st Date	Drop Date 1 st Ad	Legal Ad 2 nd Date	
January	12/12/15	01/13/15	1/1/15	12/30/14	1/5/15	
	12/26/15	01/27/15	1/16/14	1/15/14	1/23/14	
February	01/09/15	2/10/15	1/29/15	1/27/15	2/5/15	
	01/23/15	2/24/15	2/13/15	2/10/15	2/20/15	
March	02/06/15	3/10/15	2/26/15	2/24/14	3/5/15	
	02/27/15	3/24/15	3/12/15	3/10/14	3/19/15	
April	03/06/15	4/14/15	4/2/15	3/30/14	4/9/15	
	03/20/15	4/28/15	4/16/15	4/13/14	4/23/15	
May	04/10/15	5/12/15	4/30/15	4/28/14	5/7/15	
	04/24/15	5/26/15	5/14/15	5/19/14	5/21/15	
June	05/08/15	6/09/15	4/28/15	5/26/14	6/4/15	
	05/22/15	6/23/15	6/11/15	6/9/15	6/18/15	
July	06/05/15	7/07/15	6/25/15	6/23/15	7/2/15	
	06/19/15	7/21/15	7/9/15	7/7/15	7/16/15	
August	07/10/15	8/11/15	7/30/15	7/28/15	8/6/15	
	07/24/15	8/25/15	8/13/15	8/11/15	8/20/15	
September	08/07/15	9/08/15	8/27/15	8/25/15	9/3/15	
	08/21/15	9/22/15	9/10/15	9/8/15	9/17/15	
October	09/11/15	10/13/15	10/8/15	9/29/15	10/1/15	
	09/25/15	10/27/15	10/15/15	10/13/15	10/22/15	
November	10/09/15	11/10/15	10/29/15	10/26/15	11/5/15	
	10/23/15	11/24/15	11/12/15	11/10/15	11/19/15	
December	No Meetings					
January 2016	12/11/15	01/12/16	12/31/15	12/29/14	1/7/16	
	12/28/15	01/26/16	1/14/14	1/12/14	1/21/14	

The Commission generally meets on the second and fourth Tuesday of each month. **Public Hearings** and regular meetings are held at **6:30 PM**, in the Harriet North Room, 2nd Floor, City Hall, 355 Main Street, West Haven, Connecticut 06516 unless otherwise posted.