



**Town of Greenwich**  
**Planning & Zoning Department**  
 Town Hall – 101 Field Point Road, Greenwich, CT 06830-2540  
 Phone: (203)622-7894 – Fax: (203)622-3795

**Signature required**  
**Type online, print & sign**

**SITE PLAN ADMINISTRATIVE FORM**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Accessory Apartment, Elderly    | <input type="checkbox"/> Drainage / Driveway       | <input type="checkbox"/> Soil Erosion and Sedimentation         |
| <input type="checkbox"/> Accessory Apartment, Affordable | <input type="checkbox"/> Coastal Site Plan         | <input type="checkbox"/> Utility or Telecommunications Facility |
| <input type="checkbox"/> Site Plan Signoff               | <input type="checkbox"/> Landscape / Tree Planting | <input type="checkbox"/> Other _____                            |
| <input type="checkbox"/> Architectural Review Committee  | <input type="checkbox"/> Subdivision Lot           |   |

Owners Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Agent Name/ Tel. no. \_\_\_\_\_

Address of Property \_\_\_\_\_

Parcel ID# \_\_\_\_\_

Lot Size \_\_\_\_\_ B) Property Zone \_\_\_\_\_ C) Flood Zone \_\_\_\_\_ ZEO Init. \_\_\_\_\_

Check if legally conforming:  Lot Area  Setbacks  FAR \_\_\_\_\_

**Description of Activity or Work Proposed :** \_\_\_\_\_

Previous Review/Approvals by P&Z (Date And Number) \_\_\_\_\_

Other Land Use reference #. (IWWCA, Coastal Site Plan, Affordable, Elderly) \_\_\_\_\_

Total Building Square Footage (or total site work area):

Present Use \_\_\_\_\_ Square Footage \_\_\_\_\_

Proposed Use \_\_\_\_\_ Square Footage \_\_\_\_\_

**For staff use only:**

Reviewed by:

Town Planner \_\_\_\_\_ Senior Planner \_\_\_\_\_

Asst. Town Planner \_\_\_\_\_ Planner \_\_\_\_\_

(2 signatures required- one must be Town Planner as per §6-13; Town Planner may waive full Commission review of small scale projects but require approval of ARC where appropriate.)

**See attached Conditions of Approval**

Per § 6-14.1(e) of BZR, approval is valid for 3 years only; and work must be completed in 5 years from issuance of permit, per State Statute.

Check # \_\_\_\_\_ Check Amount: \$ \_\_\_\_\_

PLPZ# \_\_\_\_\_

PZAdminSitePlan