



**TOWN OF CANTON**  
4 Market Street  
P.O. Box 168  
Canton, CT 06019

Land Use Department  
(860) 693-7856  
(860) 693-7884 (fax)

<b>OFFICE USE ONLY</b>		
<b>FILE #:</b> _____	<b>FEE AMOUNT:</b> _____	<b>CASH / CHECK</b> _____
<b>DATE SUBMITTED:</b> _____		

**APPLICATION FOR UPLAND REVIEW AREA APPROVAL BY AUTHORIZED AGENT**

**APPLICATION FEE: \$160.00** (includes \$60.00 State Surcharge)  
Please make checks payable to "Town of Canton"

**THIS APPLICATION CANNOT BE APPROVED UNTIL ALL REQUIRED INFORMATION IS PROVIDED  
AND ANY ADDITIONAL REQUIRED APPROVALS ARE OBTAINED.**

**PLEASE PRINT LEGIBLY**

Property Address: \_\_\_\_\_

Assessor's Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Zone: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Land Record Reference to Deed Description: Volume: \_\_\_\_\_ Page: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant/Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you the owner of the property for which the application is being submitted? \_\_\_\_\_ Yes \_\_\_\_\_ No

If No, attach letter or other legal document giving permission to make application on behalf of the owner.

Describe existing uses: \_\_\_\_\_  
\_\_\_\_\_

Describe proposed activity/purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Distance to nearest wetland soil: \_\_\_\_\_

Distance to nearest watercourse: \_\_\_\_\_

Measures proposed by the applicant to minimize impact on wetland soil or watercourse: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title of drawing or sketch included with application: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**STAFF SECTION ONLY**

After considering the factors set forth in Section 22a-41 of the Connecticut General Statutes, the Authorized Agent determines the following:

Application Approved: \_\_\_\_\_ Yes    \_\_\_\_\_ No

If the application was not approved, the applicant may apply to the Agency for a permit at its next regular meeting.

Conditions of approval, if applicable: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date