

**TOWN OF SOUTH WINDSOR
PLANNING & ZONING COMMISSION
APPLICATION FORM**



Application Number: _____
Official Receipt Date: _____
Munis Application #: _____

APPLICANT: John Caldwell (TSW)
PROJECT NAME: So. Windsor Farmers Market
COMPLETE LOCATION OF PROPERTY: _____
OWNER OF RECORD ON LAND RECORDS: Town of So. Windsor.
OWNER ADDRESS: 1540 Sullivan Ave.
GIS PIN # 62400220 ZONE RR
NAME, ADDRESS, TELEPHONE & EMAIL ADDRESS OF PERSON TO WHOM INQUIRIES SHOULD BE DIRECTED:
John Caldwell 860-836-1372
John.Caldwell@southwindsor-CT.600 Estimated presentation time: _____

THIS APPLICATION IS FOR: (Check all that apply):

- ☐ Zone Change to _____ (Public Hearing and Certificate of Mailing Required)
☐ Open Space Subdivision/Resubdivision (Public Hearing and Certificate of Mailing Required)
☐ Subdivision ☐ Minor ☐ Major
☐ Resubdivision (Public Hearing Required) ☐ Minor ☐ Major
☐ Conditional Subdivision
☐ Special Exception to Table _____ (Public Hearing and Certificate of Mailing Required)
☐ Site Plan of Development ☐ New ☐ Modification Building(s) Sq Ft _____
☐ General Plan of Development
☐ Earth Filling (Sec. 7.6) and/or Earth Removal (Sec. 7.16) (Public Hearing and Certificate of Mailing Required)
☐ Regulation Amendment ☐ Zoning ☐ Subdivision - Attach proposed amendment (Public Hearing Required)
☐ Temporary and Conditional Permit (Public Hearing Required) for _____
☒ Temporary and Conditional Permit Renewal for Farmers Market
☐ Detached In Law Apartment or ☐ Accessory Apartment (Public Hearing and Certificate of Mailing Required)
☐ Major Home Occupation (Certificate of Mailing Required) for _____
☐ Other (explain in detail) _____

PLEASE NOTE: An Application Pending Sign is required to be posted on the property for all applications ten (10) days prior to being heard by the Commission.

John Caldwell
Signature of Applicant
John Caldwell
Print Name of Applicant

Signature of Property Owner
Town of So. Windsor
Print Name of Property Owner

Revised 1/15/2020