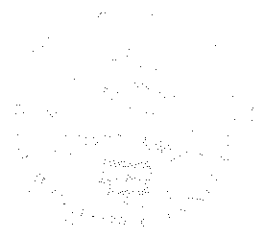


**TOWN OF SOUTH WINDSOR  
PLANNING & ZONING COMMISSION  
APPLICATION FORM**

Application Number: \_\_\_\_\_  
Official Receipt Date: \_\_\_\_\_  
VPC Application #: \_\_\_\_\_



APPLICANT: 4 Elements Vitality Institute LLC

PROJECT NAME: Medical Office Building

COMPLETE LOCATION OF PROPERTY: 1300 Sullivan Avenue (Formerly 8 Collins Lane)

OWNER OF RECORD ON LAND RECORDS: 4 Elements Vitality Institute LLC

OWNER ADDRESS: 8 Collins Lane

GIS PIN # 21900008 and 87301300 ZONE RR

NAME, ADDRESS, TELEPHONE & EMAIL ADDRESS OF PERSON TO WHOM INQUIRIES SHOULD BE DIRECTED:

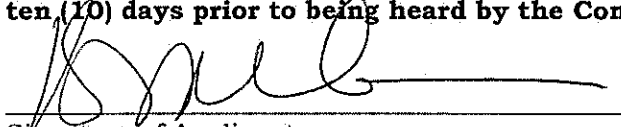
Peter DeMallie, Design Professionals, Inc., 21 Jeffrey Drive, South Windsor CT

(860) 291-8755; peter.demallie@designprofessionalsinc.com Estimated presentation time: 20

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 3.1.1.A / 5.3 (Public Hearing and Certificate of Mailing Required)
- ☒ Site Plan of Development ☐ New ☐ Modification Building(s) Sq Ft \_\_\_\_\_  
(Office Conversion)
- ☐ 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 \_\_\_\_\_
- ☐ Detached Accessory Apartment
- ☐ Major Home Occupation (Public Hearing and 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.**

  
Signature of Applicant

Vasanth Kainkaryam on behalf  
Print Name of Applicant  
of 4 Elements  
Vitality Institute LLC

  
Signature of Property Owner

Vasanth Kainkaryam, on behalf  
Print Name of Property Owner  
of 4 Elements  
Vitality Institute LLC

Revised 9/1/2023