

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



Application Number: \_\_\_\_\_

Official Receipt Date: \_\_\_\_\_

Munis Application #: \_\_\_\_\_

APPLICANT: COSTCO WHOLESALE

PROJECT NAME: \_\_\_\_\_

COMPLETE LOCATION OF PROPERTY: BUGKLAND ROAD GATEWAY DEVELOPMENT  
ZONE

OWNER OF RECORD ON LAND RECORDS: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

GIS PIN # \_\_\_\_\_ ZONE GD

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

AGENT: ALAN LAMSON, 19 SILVER LAKE, EAST HARTFORD, CT 06118,  
860-568-4030, ALAMSON@FLBARCH.COM 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
- ☐ Dept of Motor Vehicle License - State Hearing per Section 14-55 for \_\_\_\_\_
- ☐ 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 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) \_\_\_\_\_

**\*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's Agent

Alan F. Lamson

Print Name of Applicant's Agent

ALAN F. LAMSON

Signature of Property Owner

\_\_\_\_\_

Print Name of Property Owner

Revised 2/2014