TOWN OF SOUTH WINDSOR PLANNING & ZONING COMMISSION APPLICATION FORM

	ATT DICATION FORM
Application Number:	
Official Receipt Date:	
Munis Application #:	
	4
APPLICANT: Friends of Wood Memoria	<u> </u>
PROJECT NAME: Wood Memorial Libra	ry Native American Village Exhibition
COMPLETE LOCATION OF PROPERTY:	
OWNER OF RECORD ON LAND RECOR	DS: Friends of Wood Memorial
OWNER ADDRESS: 783 Main Street	
GIS PIN # <u>5490L066</u>	_ ZONE <u>A-40</u>
NAME, ADDRESS, TELEPHONE & EMA	IL ADDRESS OF PERSON TO WHOM INQUIRIES SHOULD BE DIRECTED
Daniel H. Jameson, E.I.T. (Project Engine	er) of Design Professionals Inc. 21 Jeffrey Drive, South Windsor CT 06074
	860-291-8755 Estimated presentation time: 10
THIS APPLICATION IS FOR: (Check all	that apply):
Zone Change to	(Public Hearing and Certificate of Mailing Required)
Open Space Subdivision/Resubdivis	ion (Public Hearing and Certificate of Mailing Required)
Subdivision	☐ Minor ☐ Major
Resubdivision (Public Hearing Requi	red) Minor Major reational Facilities, forest or wildlife reservation,
Conditional Subdivision park or plan	ground not approved for profit use
Special Exception to Table.	(Public Hearing and Certificate of Mailing Required)
	Modification Building(s) Sq Ft N/A - Outdoor Native America
General Plan of Development	Museum Exhibit
	Removal (Sec. 7.16) (Public Hearing and Certificate of Mailing Required)
	Subdivision - Attach proposed amendment (Public Hearing Required)
	Public Hearing Required) for
	Renewal for
	ccessory Apartment (Public Hearing and Certificate of Mailing Required)
	of Mailing Required) for
PLEASE NOTE: An Application Pend ten (10) days prior to being heard by t	ing Sign is required to be posted on the property for <u>all</u> applications the Commission.
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Signature of Applicant OUTOUN VENNE	Signature of Property Owner
Print Name of Applicant	Print Name of Property Owner Revised 1/9/2017
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For Friends of Wood Meniorial Library & Museum