TOWN OF SOUTH WINDSOR PLANNING & ZONING COMMISSION APPLICATION FORM

Application Number:	
Official Receipt Date:	
Munis Application #:	



Munis Application #:		NOSOR-CON'S
APPLICANT:		
PROJECT NAME:		
COMPLETE LOCATION OF PROPERTY:		
OWNER OF RECORD ON LAND RECORDS:		
OWNER ADDRESS:		
GIS PIN # ZOI	NE	
NAME, ADDRESS, TELEPHONE & EMAIL ADDR	RESS OF PERSON TO WHOM INQUIRIES S	SHOULD BE DIRECTED:
	Estimated pres	entation time:
THIS APPLICATION IS FOR: (Check all that app	ıly):	
Zone Change to (Pub	olic Hearing and Certificate of Mailing Requ	uired)
☐ Open Space Subdivision/Resubdivision (Pul	blic Hearing and Certificate of Mailing Requ	aired)
☐ Subdivision ☐	Minor	
☐ Resubdivision (Public Hearing Required) ☐	Minor Major	
☐ Conditional Subdivision	·	
Special Exception to Table (Pub	olic Hearing and Certificate of Mailing Requ	aired)
_ ` _ ` ` _	Modification Building(s) Sq Ft	,
General Plan of Development		
☐ Earth Filling (Sec. 7.6) and/or Earth Remova	al (Sec. 7.16) (Public Hearing and Certificat	e of Mailing Required)
☐ Regulation Amendment ☐ Zoning ☐ Subc	, , ,	0 2 ,
☐ Temporary and Conditional Permit (Public H	- ·	· · ·
☐ Temporary and Conditional Permit Renewal:		
☐ Detached In Law Apartment or ☐ Accessory		
☐ Major Home Occupation (Certificate of Mailir	• ,	g - ,
Other (explain in detail)		
PLEASE NOTE: An Application Pending Sign		
ten (10) days prior to being heard by the Com		y ioi <u>an</u> applications
Signature of Applicant	Signature of Property Owner	
Print Name of Applicant	Print Name of Property Owner	Revised 1/9/2017