- ☐ **SUBDIVISION**
- ☐ **SPECIAL EXCEPTION**
- ☐ **ZONING BOARD OF APPEALS**
- ☒ **SITE PLAN REVIEW**

DEPT. PLANNING & ZONING

FILE # ~~21 FEB 23 PM 2:55~~ SPR 2021-23

Please fill out this application in pen only so we will know who you are, what you are applying to do, and how to contact you. With this basic information we will evaluate your project as it relates to City regulations as quickly as possible. Thank you for your cooperation.

GENERAL INFORMATION ABOUT THE PEOPLE INVOLVED   Date 2-9-2021

Applicant: RINO MOZZICATO   Phone #( ) 860-796-1403
Address: 125 NEW BRITAIN AVE   City PLAINVILLE   State CT   Zip 06062
Email: RINOMOZZ@GMAIL.COM   Cell Phone #( ) 860-796-1403
Agent: JAMES SAKONCHICK PE LS KRATZERT, JONES ASSOC INC   Phone#( ) 860-621-3638
Address: PO BOX 337   City MILLDALE   State CT   Zip 06467-0337
Email: SAKONCHICK@KRATZERTJONES.COM   Cell Phone #(860) 919-1779

WHAT ARE YOU APPLYING TO DO?   (CHECK ONE OR MORE)
- ( ) Add an addition to a single/two family dwelling to be used for _____
- ( ) Construct a single family dwelling (A-2 survey required)
- ( ) Add an addition to a multi-family or non-residential building to be used for _____ (A-2 survey required) _____
- ( ) Convert an existing building from present use as _____ to a new use as _____
- (X) Construct one or more new buildings to be used for (A-2 survey required) COMMERCIAL USE / Medical Office
- ( ) Subdivide land into building lots (A-2 survey required)
- (X) Change the text of the Zoning Code or amend the Zoning Map   R-15 To B-2
- ( ) Install a sign
- ( ) Start a Residential Unit Business Pursuit
- ( ) Application for Zoning Board of Appeals
- ( ) Extract Natural Resources like sand or gravel or fill an area
- ( ) Request for a G.S. 14-54 Location Approval (gen. repairer, used car or new car dealer)
- ( ) Other _____

FACTS ABOUT LAND PROPOSED FOR USE
Landowner: TERESA MCFADDEN   Location: 796 SAYBROOK ROAD
Name of Subdivision (if any): _____
Zone R-15   Tax ID# R07685   Tax Assessor's Map 43   Lot 0408
Is this project within 500' of a Municipal Boundary? Yes_____ No X
Is this project located in a FEMA 100 or 500 year flood plain? Yes_____ No X
Utilities Available: City Water (X); Private Well ( ); City Sewer (X); Private Septic ( )

_____
DESIGN REVIEW BOARD STAFF*

_____
DATE OF REVIEW/APPROVAL

- ( ) PERMIT NOT REQUIRED
- ( ) ADMINISTRATIVE APPROVAL
- ( ) IWWA REVIEW REQUESTED
- ( ) IWWA PERMIT REQUIRED

_____
SIGNATURE OF IWWA STAFF

_____ Meets Zoning Requirements

_____
ZONING ENFORCEMENT OFFICER
DATE OF APPROVED PLANS

_____
SIGNATURE OF APPLICANT/AGENT**

_____
SIGNATURE OF OWNER**

**Both signatures required. I certify that the above information and plans submitted are true and correct, and that, if required, an application for an Inland/Wetlands permit has been filed before or on the same day as the filing of this application with the P&Z Commission.

*Signature by the Design Review Board Staff is required for all designs for exterior rehabilitation or new construction in the business zones.

Received $ 170.00 by SN check # 0196

INITIAL APPLICATION FOR LAND USE