

- SUBDIVISION
- SPECIAL EXCEPTION
- ZONING BOARD OF APPEALS
- SITE PLAN REVIEW

FILE # _____

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

Applicant: Fedex Ground Package System INC Date 2/19/2021
 Address: 1000 Fedex Drive City Moon Township, PA 15108 Phone #() _____
 State _____ Zip _____
 Email: _____ Cell Phone #() _____
 Agent: BL Companies - Matthew Bruton Phone#(860) 249 - 2200
 Address: 100 Constitution Plaza, 10th FL City Hartford, CT 06103 State CT Zip 06103
 Email: mbruton@blcompanies.com Cell Phone #() _____

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) Parking Lot Expansion
- Convert an existing building from present use as _____
to a new use as _____
- Construct one or more new buildings to be used for (A-2 survey required)
- Subdivide land into building lots (A-2 survey required)
- Change the text of the Zoning Code or amend the Zoning Map
- 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: Fedex Ground Package System INC Location: 49 Fedex Drive, Middletown, CT 06457
 Name of Subdivision (if any): _____
 Zone IT Tax ID# R15566 Tax Assessor's Map 05 Lot 0047
 Is this project within 500' of a Municipal Boundary? Yes No _____
 Is this project located in a FEMA 100 or 500 year flood plain? Yes No _____
 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**

ROBERT RALINLO
 MANAGING DIRECTOR & ASSIST. TREASURER
 FXG LEGAL APPROVAL
 J.N.M. 2/19/2021

**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 \$ _____ by _____ check # _____

INITIAL APPLICATION FOR LAND USE