

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

FILE # G.S. 8-24 2021-20

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 7/23/2021
 Applicant: City of Middletown Phone # () _____
 Address: 245 DeKoven Drive City Middletown State CT Zip 06457
 Email: _____ Cell Phone # () _____
 Agent: Joseph Samolis, Director of ECD Phone # () _____
 Address: _____ City _____ State _____ Zip _____
 Email: joseph.samolis@middletownct.gov 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) _____
- 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 8-24 Review of lease for new restaurant

City of Middletown
 Received
 JUL 23 2021
 Land Use Department
 Middletown, Connecticut

FACTS ABOUT LAND PROPOSED FOR USE

Landowner: City of Middletown Location: 80 Harbor Drive
 Name of Subdivision (if any): _____
 Zone RF Tax ID# E30055 Tax Assessor's Map 33 Lot 0002
 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 (); Private Well (); City Sewer (); Private Septic ()

DESIGN REVIEW BOARD STAFF*

SIGNATURE OF APPLICANT/AGENT**

DATE OF REVIEW/APPROVAL

SIGNATURE OF OWNER**

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

**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 OF IWWA STAFF

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

_____ Meets Zoning Requirements

ZONING ENFORCEMENT OFFICER
 DATE OF APPROVED PLANS

Received \$ _____ by _____ check # _____

INITIAL APPLICATION FOR ZONING