

Design Review and Preservation Board Application



Please fill out this application 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 9-7-21

Applicant: Aston House LLC

Address: 324 Washington St. City Middletown State CT Zip 06457

Email: srocco@roccoarchitects.com

Phone# 860-301-0472 Phone# _____ Fax# _____

Agent: Steven A. Rocco, Architect

Address: 14 Landing Rd. S. City Higganum State CT Zip 06441

Email: srocco@roccoarchitects.com

Phone# 860-301-0472 Phone# _____ Fax# _____

City of Middletown
Received

SEP 07 2021

Land Use Department
Middletown, Connecticut

WHAT ARE YOU APPLYING TO DO? (CHECK ONE OR MORE) APPLICATION CHECKLIST

- Signage Review
- New Construction Review
- Exterior Renovation Review
- Historic Preservation
- Other Addition to the building rear
- Drawing of Proposed Changes
 - Dimensions
 - Type of illumination
 - Colors
 - Description of Materials
- Photo(s) of existing site
- Applicant Signature
- Owner's Signature
- \$25.00 fee- for signage only
- Electronic copies of renderings sent to: michiel.wackers@cityofmiddletown.com

FACTS ABOUT LAND PROPOSED FOR USE

Landowner: Wesleyan University
 Location: 324 Washington St Zone MX Lot Area .39 Tax Assessor's Map 22 Block 371 Lot _____ Is this project within 500' of a Municipal Boundary? Yes _____ No NO
 Is this project located in a FEMA 100 or 500 year flood plain? Yes _____ No NO
 Utilities Available: City Water (); Private Well (); City Sewer (); Private Septic ()

REQUIRED SIGNATURES

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.

OFFICE USE

DATE OF REVIEW/APPROVAL _____

DESIGN REVIEW BOARD STAFF** _____

DATE OF ZONING APPROVAL _____

ZONING ENFORCEMENT OFFICER SIGNATURE _____

**See attached Decision Report for conditions of the approval. Not valid without Decision Report.