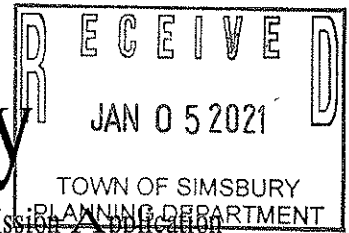




Town of Simsbury

Office of Community Planning and Development - Zoning Commission Application



DATE: 1/4/2021 FEE: \$ 250.00 CK#: 404 APP#: 21-01
 PROPERTY ADDRESS: 10 Wilcox Street, Simsbury, CT 06070
 NAME OF OWNER: Stephanie Ciriello
 MAILING ADDRESS: 11 Lawton Drive, Simsbury, CT 06070
 EMAIL ADDRESS: Steph@rouxct.com TELEPHONE # 860-810-6142
 NAME OF AGENT: _____
 MAILING ADDRESS: _____
 EMAIL ADDRESS: _____ TELEPHONE # _____
 ZONING DISTRICT: _____ LOT AREA: _____ SQ FT/ACRES

Does this site have wetlands? YES NO Have you applied for a wetlands permit? YES NO

REQUESTED ACTION (PLEASE CHECK APPROPRIATE BOX):

- ZONE CHANGE:** The applicant hereby requests that said premises be changed from zone _____ to zone _____.
- TEXT AMENDMENT:** Please attach proposed changes, including Articles and Sections, and purposes.
- SPECIAL EXCEPTION:** The applicant hereby requests a public hearing pursuant to Article _____, Section _____.
- SITE PLAN APPROVAL:** The applicant hereby requests
 - PRELIMINARY
 - FINAL
 - SITE PLAN AMENDMENT pursuant to Article 5, Section J
- SIGN PERMIT**
- OTHER (PLEASE EXPLAIN):** Liquor Permit

*NOTE: Each application must fully comply with the requirements of the Zoning Regulations prior to receipt by the Commission. **Each application for zone change and/or special exception shall include a list of names and addresses of abutting property owners and all property owners within 100 feet of the subject site.***

A check payable to the Town of Simsbury must accompany this **original signed and dated** application. **Six (6) complete (folded) sets of plans and eleven (11) copies of the completed application and correspondence** must also be included. If you have a PDF of your plans, we would appreciate a copy of that sent to lbarkowski@simsbury-ct.gov, as well.

[Signature] 1/4/2021
 Signature of Owner Date Signature of Agent Date

Telephone (860) 658-3245

www.simsbury-ct.gov

933 Hopmeadow Street
Simsbury, CT 06070
CHECK 240.00

01-05-2021 7448

