



# Town of Simsbury

933 HOPMEADOW STREET

SIMSBURY, CONNECTICUT 06070

Office of Community Planning and Development

## ZONING COMPLIANCE REVIEW - \$25.00 # \_\_\_\_\_

Applicant Name: <b>RAO KHAN</b>		Property Owner: <b>STEVE ANTONIO</b>	
Property Address: <b>1530 HOPMEADOW ST SIMSBURY CT 06070</b>			
Contact Info (phone, email): <b>860-818-6646, SMOKERSDREAMWORLD@GMAIL.COM</b>			
Permit Mailing Address: <b>1530 HOPMEADOW ST SIMSBURY CT 06070</b>			
Proposed Structure: <b>DISPLAY SIGN</b>	Sq. Ft.	Length: <b>3 FT</b>	Width: <b>7 FT</b> Height:
Proposed Use: <b>SMOKE SHOP SINGAGE</b>		Existing Use:	
Zoning District:	Variance: Yes/No	Parcel Size:	
Flood Zone:	Wetlands: Yes/No		If yes, approval date:
1 <sup>st</sup> Floor Area: _____ sq. ft.	2 <sup>nd</sup> Floor Area: _____ sq. ft.	Historic District: Yes/No	
Special Exception: Yes/No: Describe:			
Comm/Industrial/Business Structures: Coverage: Existing % _____ Proposed % _____			
Please provide:			
1. A copy of a map or site plan, drawn to scale, to include the following: <ul style="list-style-type: none"> <li>• Location and exact dimensions of all boundaries of the lot;</li> <li>• Location of wetlands and watercourses on or near property;</li> <li>• Location and exact dimensions of all existing and proposed structures, septic system and water supply;</li> <li>• Exact distance of proposed structures from property lines;</li> <li>• A floor plan if the application is for a commercial change of use.</li> </ul>			
2. Staff may require additional information based on the type of permit required.			
<b>REQUIRED ZONING INSPECTIONS- OFFICE USE ONLY</b>			
<input type="checkbox"/> E&S compliance <input type="checkbox"/> Foundation As Built <input type="checkbox"/> Final As- Built <input type="checkbox"/> Certificate of Occupancy <input type="checkbox"/> Site Plan <input type="checkbox"/> Compliance <input type="checkbox"/> Limits of Clearing <input type="checkbox"/> Final Zoning Compliance			

APPROVED: \_\_\_\_\_ Date: \_\_\_\_\_ DENIED: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**CERTIFICATE OF OCCUPANCY SIGN OFF**

A request has been made for Certificate of Occupancy for a \_\_\_\_\_ (structure), at, \_\_\_\_\_ (address), Building Permit # \_\_\_\_\_.

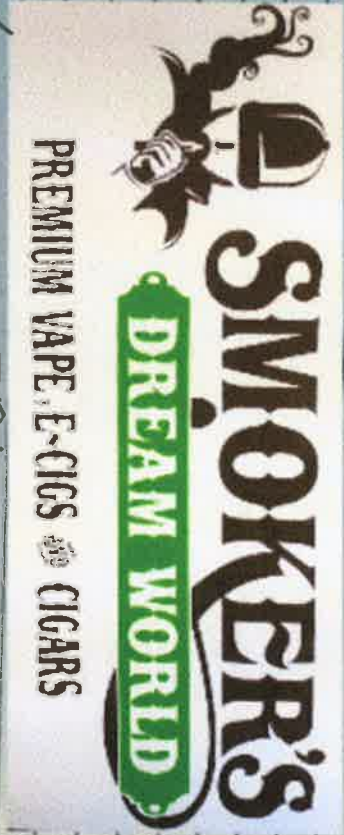
Departments	Signature/Sign off	Date
Health Dept/FVHD		
Sewer- Public		
Fire Marshal		
Zoning/ZBA		
Wetlands		
HDC		
Engineering		
Comments		

11-29-2021

8402

CHECK

25.00



←

7ft

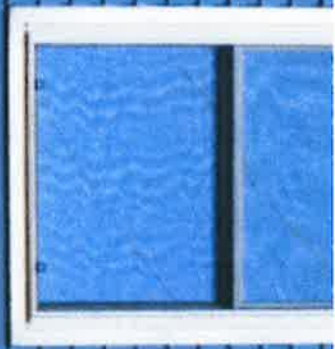
→

↑

3ft

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**SMOKER'S**  
**DREAM WORLD**  
 PREMIUM VAPE E-CIGS & CIGARS

↑  
 3A  
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