

Town of East Hampton.

TOWN OF EAST HAMPTON Planning and Zoning Commission 1-860-267-7450 www.easthamptonct.gov



Form PZC1 2/19

Connecticut TIME -20-004 Fee Paid #920 Check # 611313117-8 Rec'd. By ____ 50 Main St. PROJECT NAME 50 Main 84. ZONE APPLICANT <u>Lisa Sherman</u>
Mailing ADDRESS Curs Po Box 446 Middletown CX 06457 PHONE (860) 682-5157 EMAIL 1 Realtor Lisa S. Q gmail-com CONTACT PERSON Lisa Sherman PHONE EMAIL _____ PHONE_____ SURVEYOR/ENGINEER PHONE_____ ADDRESS EMAIL ____ **ATTORNEY** PHONE____ ADDRESS EMAIL **APPLICATION TYPE** (application must be completed in FULL in order to be accepted) 1. SUBDIVISION /RESUBDIVISION /CONSERVATION SUBDIVISION NO. OF LOTS 3. SITE PLAN MODIFICATION Residential *** OF THE CONING REGS. FOR 4. SPECIAL PERMIT---SECTION_ 5. ZONE CHANGE---FROM 6. AMENDMENT TO ZONING REGULATIONS 7. LAKE POCOTOPAUG PROTECTION AREA 8. ACTIVE ADULT NO OF UNITS 7. OTHER (DESCRIBE) APPLICATION REQUIREMENTS: This application and 10 sets of plans shall be submitted to the Planning Office and shall be received by the Commission at the next regularly scheduled meeting. (see meeting schedule for deadline dates) A complete application shall consist of an application, fees, maps /plans(A-2 survey) ,engineers report including drainage calculations and watershed calculations(pre and post), bond estimates, hydrology report, environmental studies, waiver requests and traffic study where applicable Preliminary discussions are highly recommended for subdivisions 5 lots & over and for larger Special Permit Applications Abutters notice receipts (green cards) must be handed in to the Planning Office prior to the meeting APPLICANTS SIGNATURE TISA Kreman DATE **OWNER'S SIGNATURE** DATE

The owner and applicant hereby grant the East Hampton Planning and Zoning Commission and/or it's agents permission to enter upon the property to which the application is requested for the purpose of inspection and enforcement of the Zoning Regulations and Subdivision Regulations of the