EAST HARTFORD PLANNING AND ZONING COMMISSION
APPLICATION FOR
SOIL-EROSION AND SEDIMENTATION CONTROL

_____
Date

The undersigned applicant applies to the Planning and Zoning Commission under Section 217 of the East Hartford Zoning Regulations.

Address or Location of Subject Parcel:_____

Assessor's Map and Lot #_____

Size of Subject Parcel in square feet or acres:_____

Applicant (if more than one, list on separate sheet).

Name:_____
Print or Type

Address:_____

Telephone: Work_____(Home)_____ (Fax)_____

Signature:_____
(If necessary, attach a letter of authorization from the signature).

( ) Owner ( ) Optionee ( ) Lessee ( ) Agent Check One

Owner(s) of Record (if other than applicant; if more than one, list on a separate sheet).

Name:_____

Address:_____

Signature:_____
(If necessary, attach a letter of authorization from the signature).

Estimated cumulative disturbed area in square feet_____