

**TOWN OF EAST HARTFORD
PLANNING & ZONING COMMISSION
APPLICATION FORM**

DATE: 5-5-2017

Official Receipt Date:

 / /

1. APPLICATION TYPE: (CHECK ALL THAT APPLY)

***COMPLETE SECTION ON PAGE 2 OR 3**

- | | |
|---|--|
| <input checked="" type="checkbox"/> SITE PLAN APPLICATION | <input type="checkbox"/> NATURAL RESOURCES REMOVAL AND FILLING |
| <input type="checkbox"/> SITE PLAN MODIFICATION | <input type="checkbox"/> SPECIAL USE PERMIT* |
| <input type="checkbox"/> FLOOD HAZARD – MAJOR* | <input type="checkbox"/> ZONING MAP CHANGE* |
| <input type="checkbox"/> FLOOD HAZARD – MINOR* | <input type="checkbox"/> TEXT AMENDMENT* |
| <input type="checkbox"/> SOIL EROSION AND SEDIMENTATION - Cumulative disturbed area (sq. ft.): <u>3,600 sq. ft.</u> | |

2. SITE AND PROJECT INFORMATION

PROPERTY ADDRESS: 128 Main Street ZONE: B-1

ASSESSORS MAP AND LOT: Map 19 Lot 158 PARCEL SIZE (ACRES OR SQ. FT.): 8,860 s.f.

PROJECT NAME: May Chiropractic

PROJECT DESCRIPTION (ATTACH ADDITIONAL SHEETS IF NEEDED):

- (1) Conversion of an existing residential home into a Chiropractic offices.
- (2) Construction of a paved parking lot containing 7 spaces, associated entrance drive and the installation underground infiltration units to mitigate the added impervious area.

3. PROPERTY OWNER INFORMATION

☐ CHECK IF PRIMARY CONTACT

OWNER OF RECORD: May Chiropractic & Rehabilitation, LLC

OWNER ADDRESS: 50 Main Street East Hartford, CT

OWNER PHONE: (860) 568-3900 OWNER EMAIL: maychiro50@gmail.com

OWNER SIGNATURE:  PRINT NAME: Ryan L. May

The undersigned owner hereby authorizes: (1) this application, and (2) the Planning and Zoning Commission and Town of East Hartford staff the right to enter upon the property for the purposes of inspection associated with this application.

4. APPLICANT INFORMATION

☐ CHECK IF PRIMARY CONTACT

☒ CHECK IF APPLICANT IS SAME AS PROPERTY OWNER

APPLICANT: _____

APPLICANT ADDRESS: _____

APPLICANT PHONE: _____ APPLICANT EMAIL: _____

APPLICANT SIGNATURE: _____ PRINT NAME: _____

5. DESIGN PROFESSIONAL INFORMATION

☒ CHECK IF PRIMARY CONTACT

FIRM: Design Professionals Inc. PHONE: (860) 291-8755

CONTACT PERSON: James Bernardino EMAIL: jbernardino@dpinc.co