

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

DATE: 9/24/2018

Official Receipt Date:

9 / 25 / 18

1. APPLICATION TYPE: (CHECK ALL THAT APPLY) *COMPLETE SECTION ON PAGE 2 OR 3

- | | |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> SITE PLAN APPLICATION | <input type="checkbox"/> NATURAL RESOURCES REMOVAL AND FILLING |
| <input checked="" 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>10,200 SF +/-</u> | |

2. SITE AND PROJECT INFORMATION

PROPERTY ADDRESS: 71 George Street and 80 James Street ZONE: B-3

ASSESSORS MAP AND LOT: 6-74 / 76, 6-73 PARCEL SIZE (ACRES OR SQ. FT.): 2.17 acres

PROJECT NAME: Nixon Medical Laundry

PROJECT DESCRIPTION (ATTACH ADDITIONAL SHEETS IF NEEDED):

Owner purchased 80 James St (parcel to the north). The proposal is to install a compactor and construct additional parking on the combined parcel.

3. PROPERTY OWNER INFORMATION ☒ CHECK IF PRIMARY CONTACT

OWNER OF RECORD: Nixon East Hartford Properties, LLC

OWNER ADDRESS: 8106, 500 CenterPoint Boulevard New Castle, DE 19720

OWNER PHONE: 302-463-0100 OWNER EMAIL: kehrerr@nixonmedical.com

OWNER SIGNATURE: *Randy Kehrer* PRINT NAME: Randy Kehrer

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: Freeman Companies PHONE: 860-929-2925

CONTACT PERSON: Sue Watts, PLA, ASLA EMAIL: swatts@freemancos.com