

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

DATE: 1/30/2019

Official Receipt Date:

 / /

1. APPLICATION TYPE: (CHECK ALL THAT APPLY)

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

- | | |
|--|--|
| ☐ SITE PLAN APPLICATION | ☐ NATURAL RESOURCES REMOVAL AND FILLING |
| ☐ SITE PLAN MODIFICATION | ☒ SPECIAL USE PERMIT* |
| ☐ FLOOD HAZARD – MAJOR* | ☐ ZONING MAP CHANGE* |
| ☐ FLOOD HAZARD – MINOR* | ☐ TEXT AMENDMENT* |
| ☐ SOIL EROSION AND SEDIMENTATION - Cumulative disturbed area (sq. ft.): <u> </u> | |

2. SITE AND PROJECT INFORMATION

PROPERTY ADDRESS: ***See property description ZONE: R-5

ASSESSORS MAP AND LOT: 37-77/78 PARCEL SIZE (ACRES OR SQ. FT.): 15.9 acres

PROJECT NAME: Columbus Street Housing

PROJECT DESCRIPTION (ATTACH ADDITIONAL SHEETS IF NEEDED):

***3-59 Columbus Circle, 62-102 Columbus Street, 126-138 Columbus Extension, 2-50 Columbus Circle

Housing units will be renovated or constructed on the existing Columbus Street Housing Site.
please see A.2)

3. PROPERTY OWNER INFORMATION

☐ CHECK IF PRIMARY CONTACT

OWNER OF RECORD: East Hartford Housing Authority / Town of East Hartford

OWNER ADDRESS: 547 Burnside Avenue, East Hartford 06108 / 740 Main Street, E. Hartford, 06108

OWNER PHONE: 860-291-7230 OWNER EMAIL: dbouchard@ehhousing.org

OWNER SIGNATURE: *Debra Bouchard* PRINT NAME: Debra Bouchard

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: East Hartford Housing Authority / Town of East Hartford

APPLICANT ADDRESS: 547 Burnside Avenue, East Hartford 06108 / 740 Main Street, E. Hartford, 061

APPLICANT PHONE: 860-291-7230 APPLICANT EMAIL: dbouchard@ehhousing.org

APPLICANT SIGNATURE: *Debra Bouchard* PRINT NAME: Debra Bouchard

5. DESIGN PROFESSIONAL INFORMATION

☒ CHECK IF PRIMARY CONTACT

FIRM: To Design, LLC PHONE: 860-612-1700 x20

CONTACT PERSON: Mark Fisher EMAIL: mfisher@todesignllc.com

- COMPLETE ONLY THE SECTIONS THAT APPLY TO YOUR APPLICATION TYPE -

A. SPECIAL USE PERMIT

(ATTACH ADDITIONAL SHEETS IF NEEDED)

1) Applicable Section of the Zoning Regulations: _____

2) Describe how the proposed Special Use Permit relates to the Plan of Conservation and Development:

We are requesting that the original approval for the Two-Phase project be modified to allow for a Three-Phase project. We would request that the proposed Phase 1 and Phase 2 be approved. We also request that Phase 3 be approved contingent upon the approval of the Town Council to transfer Columbus Street Extension to the East Hartford Housing Authority.

3) Describe how the proposed Special Use Permit will benefit the Town of East Hartford:

B. FLOOD HAZARD ZONE – MAJOR DEVELOPMENT OR MINOR DEVELOPMENT

1) Name of associated watercourse: _____

2) Total amount of land (in sq. ft.) to be affected within the:

a. Flood Hazard Zone: _____

b. Floodway: _____

c. Floodway fringe: _____

3) Enumerate methods of compliance with Sections 601.10, 601.11, and 601.12 of the Zoning Regulations:

VETERANS TERRACE

EAST HARTFORD, CT

Project #: QAM 1416 / TOD 6040

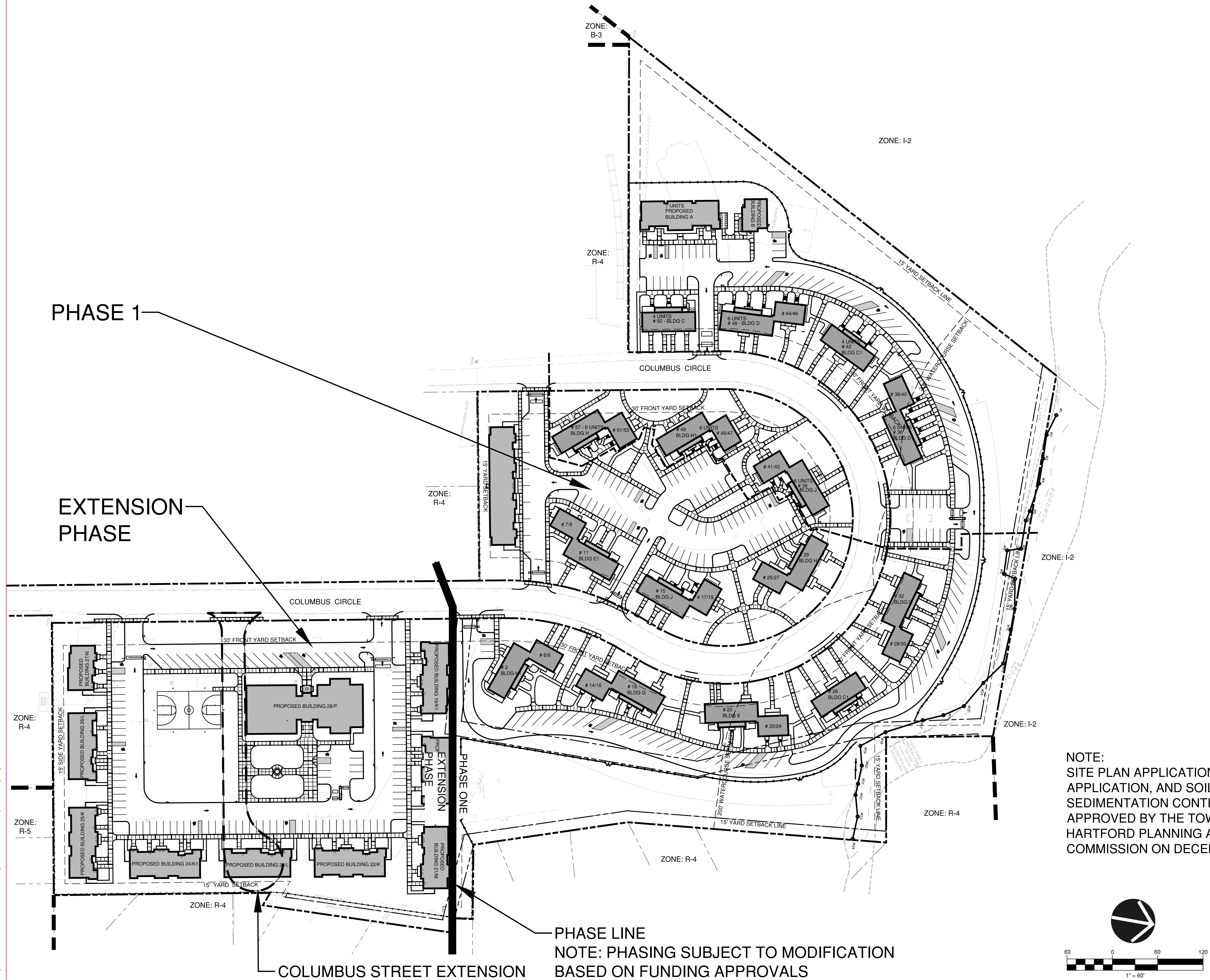
Revisions

Issue Dates:

November 5, 2015

Approved Site Plan

L-1.0



L-1.1

