

Pd 560
CK 6974
8/11/20

PLANNING AND ZONING DEPARTMENT

MUNICIPAL CENTER, 196 NORTH MAIN STREET
SOUTHINGTON, CONNECTICUT 06489
PHONE (860) 276-6248 FAX (860) 628-3511



FEE: See fee schedule

SPECIAL PERMIT APPLICATION

Date: _____

SPU # 639

Owner name and mailing address (please print):

Applicant name and mailing address (please print):

ELENI REAL ESTATE, LLC
#425 DAY HILL RD
WINDSOR, CT 06095

SAME

Telephone: 860-342-2298 Fax # _____

Telephone: _____ Fax # _____

Email: greek579@aol.com

Email: _____

Address of Property: #1615 WEST ST.

Zone: WSB

Assessor's Map # 167 Parcel: 19 Volume: _____ Page: _____

Is any part of this property within 500 ft. of a Town boundary? NO

Zoning Regulation authorizing: 1-09

Nature of Special Permit: TWO BUILDINGS ON ONE LOT.

Signature of Applicant/Owner/Agent: 

Please Print: STAVROS PAPAHRISTOU

Please include 7 copies of the boundary map, general development plan, 500 foot* radius map with all owners listed, a reduction of the application area showing surrounding streets (i.e., not exceeding 8 1/2 in. by 11 in. in size), and any other exhibits.

NOTES: 1. AN APPROVAL OF A SPECIAL PERMIT ONLY BECOMES EFFECTIVE AFTER PROPER NOTICE HAS BEEN PUBLISHED AND THE APPLICANT HAS FILED A COPY OF HIS/HER APPROVAL LETTER WITH THE TOWN CLERK ON THE LAND RECORDS (SEC. 8-3c OF THE CONNECTICUT GENERAL STATUTES). 2. THE APPLICANT MUST SUBMIT A STAMPED COPY (BY THE CLERK) OF THE SUBMITTAL TO THE CLERK WHICH NOTES THE VOLUME AND PAGE NUMBER IN THE LAND RECORDS WHEN APPLYING FOR A SUBSEQUENT PERMIT OR A ZONING PERMIT. 3. AN APPROVED SPECIAL PERMIT USE NOT PUT INTO EFFECT WITHIN ONE YEAR BECOMES NULL AND VOID. A SINGLE ONE-YEAR EXTENSION MAY BE GRANTED BEFORE THE APPROVAL FIRST ANNIVERSARY DATE (SECT. 8-03.3 OF THE ZONING REGULATIONS).

*For a parent/grandparent apartment Special Permit applications only, a 250 foot radius map with all owners listed is to be provided.