

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
+ Fire Department plan review fee

SITE PLAN APPLICATION

Date: 11-4-21

Application Site Plan # 1682.1

Owner name and mailing address (please print):

Applicant name and mailing address (please print):

George Loukopoulos

George Loukopoulos

122 Spring St

122 Spring St

Southington CT

Southington CT

Telephone: 860 919 1931 Fax # 860 276 8806

Telephone: 860 919 1931 Fax # 860 276 8806

Email _____

Email _____
Vikings 8084 @ Icloud.com

Address of Property 122 Spring St Bld E

Assessor's Map # _____ Parcel # _____

Nature and Description of Application: 12600 sq. F building
for approval

Is any portion of the site within 500 ft. of an adjoining Town Boundary? _____

Zone: _____ Zoning Regulation Authorizing: _____

Square footage of proposed building (s) at ground level: _____ Total: _____

Name of Engineer with mailing address (please print): _____

Engineer's Telephone: _____

Fax # _____

Email: _____

If application requires a special permit, special exception or variance, please provide one copy of each.

Please submit in digital form and include seven (7) copies of site plan

Signature of Owner or Applicant _____