City of Hartford Department of Development Services Planning Division

Return Form to the Planning Desk at the Licenses & Inspections Division Counter 860-757-9239

260 Constitution Plaza
Hartford, Connecticut 06103-1822



For Assistance Contact Planning Division 860-757-9040 250 Constitution Plaza, 4th Floor Hartford, Connecticut 06103-1822 http://planning.hartford.gov

PLANNING AND ZONING APPLICATION

PLEASE CHECK TH	IE ACTION(S) YOU ARE	E APPLYING FOR:			
☐ Zoning Appeal Zoning Permit: Signage/Use/Accessory ☐ Site Plan	☐ Approval of Location☐ Zoning Variance☐ Zoning Map Change☐	Historic Review Lot Combination Liquor Permit Special Permit		Receiving Federal Funds: '' Yes M' No Demo 'Add. Repair	
□ Subdivision/Lot Li				Total September 1985	2000
1. PROPERTY INFO	RMATION				
Property Address: 56	9 Park St	City: Hartford	State: CT	Zip Code:	
	ww.hartfordct.gov/Government/Depa			D:	
Property Owner:		and the sale and t			
Proporty Osynon's Addr	200 70 9 na	Dr. City: Fact Ha	A Estate	7 7in Code: Phone:	
Property Owner's Addr	ess. The same t	Email:	(pource.	06 118 860-F	2-
		Lillan.		00110	•
2. APPLICANT					
Please check if "	Applicant" is the same as "	Property Owner"			
Name of Applicant:		File Date:			
Address:		_City:	_State	Zip Code:	
Phone:		Email:			
3. PRIMARY POINT	OF CONTACT:		Section		
Name: Rate	Vozquez		u-124-25	_	
Phone: 860-80	17-7037				
Email: Yazque	z @ cd m x ho	meinpprovemer	st.co	Λ	

4. PROJECT NARRATIVE	
Describe your application action(s) and provide as much detail as possible. Attach additional pages if necess	ary:
RETURNS STEREFRONT	_
INFILL SIDE DOOR	_
the going to install a new door and, Match we to	existi
Removing old sing, and installing a New one.	
** Please complete the following sections as they pertain to the actions you are applying Be sure to <u>sign the application</u> in Section 5 on the last page.	for. **
A. COMPLETE IF APPLYING FOR ZONING MAP CHANGE:	
Proposed Zone:	
Describe the existing use of land and buildings in the zone change area:	
Describe the proposed use of land and buildings in the zone change area:	
Reason for this request:	
B. COMPLETE IF APPLYING FOR ZONING APPEAL:	
Are you an aggrieved party? (Check one): Yes No Permit or Violation number:	
State your reason for appealing the decision of the administrator or enforcement officer:	
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	<u></u>

EnerGov App. #:

		ARIANCE:			
State the particular hardship* or	r unnecessary difficult	y that prompt	s this application :		
*A "hardship" as defined by the <u>Conn</u> especially affecting such parcel but not regulations would result in exceptiona granting of variance [unless] loss is s	affecting generally the disti l difficulty or unusual hards	rict in which it is ship." Note that '	situated, a literal enfoi mere financial loss do	cement of such bylaws, ordinance es not constitute hardship warran	s or
D. COMPLETE IF APPLYIN	NG FOR SUBDIVISI	ON, LOT LI	NE REVISION, (OR LOT COMBINATION	7
Lot Subdivision/Lot Line Rev	ision:				
Number of new lots to be create	d:Area	of each of the	new lots in square	feet	
Street frontage of each of the nev	w lots in feet		/		
-	(CO) - 10 to	/			
Lot Combination:		X			
Address of lots to be combined_					
Map/Block/Lot for each proper	ty to be combined:	Map	Block	Lot	
		Map	Block	Lot	
		Мар	Block	Lot	
	formation can be found	at http://gis.h	artford.gov/parcel	viewer/index.html)	
(Map/Block/Lot and address inf	Omnación can de rounci				
		- W- 222	2 040		
		- W- 222			
(Map/Block/Lot and address inf E. COMPLETE IF APPLYIN IMPORTANT: HISTORIC CO DEMOLITION PERMIT WILL UNTIL A BUILDING PERMIT Please check if photograp	OMMISSION APPROLE IS ISSUED FOR TOTAL IS ISSUED	REVIEW VAL MUST I	IISTORIC PROP	ERTIES. NO WORK MA	
E. COMPLETE IF APPLYIN IMPORTANT: HISTORIC CO DEMOLITION PERMIT WILL UNTIL A BUILDING PERMIT	IG FOR HISTORIC OMMISSION APPRO L BE ISSUED FOR Y Γ IS ISSUED ohs are included with a	REVIEW VAL MUST I WORK ON F	IISTORIC PROP	ERTIES. NO WORK MA	

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F. (COMPLETE IF APPLYING FOR A SIGN PERMIT	200
	1. Is this sign proposed outside of the Buildingline?	
2.	Is this sign proposed outside of the Streetline? Yes No Maximum extension from the Streetline: ftin.	
	3. Is this sign illuminated?	
	4. Engineer Name(if any): Phone: Address:	
	5. Minimum distance from lowest point of sign to sidewalk:ftin.	
	6. Maximum height of sign from lowest established grade:ftin.	
5	7. Distance from the nearestoutdoor sign:ftin.	
	8. Square feet of surface for one face of the sign: 9. Wording on the sign (include all words): PFREZRA FEWELRY	
	Description of work (attach additional pages if necessary): add letters of liver plass against the building.	
	NOTE: Please submit two copies of all drawings drawn to scale. Sign drawings should include the dimension of the sign. Elevation of building should include the location of proposed and existing signs. Site plans should include the location of proposed and existing signs and their distance from Buildinglines and Propertylines.	
5. S	SIGNATURE(S)	
	By signing below, Icertify that all workwill be done in strict accordance with the LOCAL, STATEAND FEDERAL CODES. Further, all work covered by this application has been authorized by the owner of this property. No work shall commence until all determinations have been made and the proper permits have been obtained.	
*	Signature of Applicant: Reverse faz are Date: 06/15/21	
	Printed Name of Applicant:	
-8	Signature of Property Owner: Deleter Deleter Deleter Deleter Date: Deleter Del	
	Printed Name of Property Owner:	







