



**City of Hartford
Department of Development Services
Planning Division**

260, Constitution Plaza, Hartford, Connecticut 06103-1822
Return Form to the Planning Desk Counter or Via Email
860-757-9040 | oneplan@hartford.gov

PLANNING AND ZONING APPLICATION

PLEASE CHECK THE ACTION(S) YOU ARE APPLYING FOR:

- Zoning Appeal
- Zoning Permit: Signage/ Use/Accessory
- Site Plan
- Subdivision/Lot Line Revision
- Approval of Location
- Zoning Variance
- Zoning Map Change
- Historic Review
- Lot Combination
- Liquor Permit
- Special Permit

Receiving Federal Funds:

Yes No

Demo Add. Repair

Recent photos are required for all Historic Apps

X 1. PROPERTY INFORMATION

Property Address: 77 Hungerford St City: Hartford State: CT Zip Code: 06106
 Parcel ID: _____ Zoning District : (<http://assessor1.hartford.gov/default.asp>) _____
 Property Owner: Roland TRACY (PASTOR)
 Property Owner's Address: 47 Kozlery Rd City: Tolland State: CT Zip Code: 06084
 Phone: (860) 490-3816 Email: _____

X 2. APPLICANT

Please check if "Applicant" is the same as "Property Owner"

Name of Applicant: Robin S. TRACY File Date: 9.16.21
 Address: 6 Albert Dr City: Vernon State: CT Zip Code: 06066
 Phone: (860) 982-1400 Email: robtracy66@ComCAST.NET

X 3. PRIMARY POINT OF CONTACT:

Name: Rob Tracy
 Phone: (860) 982-1400
 Email: robtracy66@ComCAST.NET

4. PROJECT NARRATIVE

Describe your application action(s) and provide as much detail as possible. Attach additional pages if necessary:

- Remove 10⁵⁰ of Roof Shingles (SLATE) (From Steeple)
- install 6' (From Bott. UP) OF ICE & WATER SHIELD (4 Sides)
- install underlayment on Remaining Roof deck
- install new drip edge metal
- install new ASPHALT ARCH. ROOF SHINGLES (SLATE look) Color
- install CAP SHINGLES on CORNERS

A NOTE: THIS WAS APPROVED 2014 TO REMOVE SLATE SHINGLES, AND REPLACE WITH ASPHALT ARCH. ROOF SHINGLES. THE SLATE IS FALLING OUT, CHURCH IS NEXT TO SIDEWALK, THIS IS VERY DANGEROUS, COULD HIT PEDESTRIANS.

**** PLEASE COMPLETE THE FOLLOWING SECTIONS AS THEY PERTAIN TO THE ACTIONS YOU ARE APPLYING FOR.**

DON'T FORGET TO SIGN THE APPLICATION ON THE LAST PAGE!

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 zoning administrator or zoning enforcement officer:

C. COMPLETE IF APPLYING FOR ZONING VARIANCE:

State the particular hardship* or unnecessary difficulty that prompts this application **and** cite the section of the zoning regulations that you are seeking relief from. (Continue this narrative on a separate sheet if necessary.)

*A "hardship" is defined by the Connecticut State Statutes Section 8-6 where by "with respect to a parcel of land where, owing to conditions especially affecting such parcel but not affecting generally the district in which it is situated, a literal enforcement of such by laws, ordinances or regulations would result in exceptional difficulty or unusual hardship." Note that "mere financial loss does not constitute hardship warranting granting of variance [unless] loss is so great as to amount to confiscation of applicant's property; [a] variance might be justified."

D. COMPLETE IF APPLYING FOR SUBDIVISION, LOT LINE REVISION, OR LOT COMBINATION

Lot Subdivision/Lot Line Revision:

Number of new lots to be created: _____ Area of each of the new lots in square feet _____
Street frontage of each of the new lots in feet _____

Lot Combination:

Address of lots to be combined _____

Map/Block/Lot for each property to be combined: Map _____ Block _____ Lot _____
Map _____ Block _____ Lot _____
Map _____ Block _____ Lot _____

(Map/Block/Lot and address information can be found at <http://gis.hartford.gov/parcelviewer/index.html>)

E. COMPLETE IF APPLYING FOR HISTORIC REVIEW

IMPORTANT: HISTORIC COMMISSION APPROVAL MUST FIRST BE OBTAINED BEFORE ANY BUILDING OR DEMOLITION PERMIT WILL BE ISSUED FOR WORK ON HISTORIC PROPERTIES. AFTER HISTORIC APPROVAL APPLICANTS MAY STILL NEED ZONING REVIEW. NO WORK MAY BEGIN UNTIL A BUILDING PERMIT IS ISSUED

Recent photos AND proposed specifications/cut sheets for material are required to be submitted with this application.

Proposed work includes: Repairs Addition New construction Demolition Other (specify)

If proposing demolition, provide reason (attach additional pages if necessary):

REMOVAL OF ~~THE~~ EXISTING ROOF SHINGLES (ONLY DEMO)

Current materials being repaired/ replaced:

SLATE ROOF / TO / ASPHALT ARCH. ROOF SHINGLES (lifetime)

Materials/products being used in work: ICE & WATER SHIELD / UNDERLAYMENT / SHINGLES / NAILS

F. COMPLETE IF APPLYING FOR A SIGN PERMIT

1. Is this sign proposed outside of the Building line? Yes No
Maximum extension from the Building line: _____ ft. _____ in.

2. Is this sign proposed outside of the Street line? Yes No
Maximum extension from the Street line: _____ ft. _____ in.

3. Is this sign illuminated? Yes No

4. Engineer Name(if any): _____ Phone: _____
Address: _____

5. Minimum distance from lowest point of sign to sidewalk: _____ ft. _____ in.

6. Maximum height of sign from lowest established grade: _____ ft. _____ in.

7. Distance from the nearest outdoor sign: _____ ft. _____ in.

8. Square feet of surface for one face of the sign: _____ ft. _____ in.

9. Wording on the sign(include all words): _____

Description of work (attach additional pages if necessary):

NOTE: Please submit copies of all drawings drawn to scale. Signed 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 Building lines and Property lines.

5. SIGNATURE(S)

By signing below, I certify that all work will be done in strict accordance with the LOCAL, STATE AND FEDERAL BUILDING CODES. Further, all work covered by this application has been authorized by the owner of this property.

I agree that no work shall commence until all determinations have been made and the proper permits have been obtained.

X Applicant Signature: Robin S. Tracy

Date: 9/16/21

X Printed Name of Applicant: Robin S. TRACY

X Property Owner Signature (REQUIRED): Roland D Tracy

Date: 9/16/21

X Printed Name of Property Owner: Roland D. TRACY

















