



**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
860-757-9010 | 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:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Demo	<input type="checkbox"/> Add. <input type="checkbox"/> Repair

Recent photos are required for all Historic Apps

1. PROPERTY INFORMATION

Property Address: 400 Ledgard ST City: Hartford State: CT Zip Code: _____
 Parcel ID: _____ Zoning District: (<http://assessor.hartford.gov/default.asp>) _____
 Property Owner: Dan Sullivan
 Property Owner's Address: 998 Farmington Ave City: WH State: CT Zip Code: _____
 Phone: 203-996-3421 Email: sullivandevelopment@gmail.com

2. APPLICANT

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

Name of Applicant: Martin Fiori File Date: 10-1-21
 Address: 12 Lefoll Blvd City: S. Windsor State: CT Zip Code: 06074
 Phone: 860-995-6547 Email: eceaglesbaseball@aol.com

3. PRIMARY POINT OF CONTACT:

Name: Martin Fiori
 Phone: 860-995-6547
 Email: ~~eceaglesbasebase~~ eceaglesbaseball@aol.com

4. PROJECT NARRATIVE

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

Athletic/Recreational indoor facility. Baseball
See Attached Drawing:

Batting Cages, Netting, Turf floor, classrooms,
conference rooms for meetings.

Study rooms for academic purposes.

**** 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:

NA

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 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 _____

NA

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

NA

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

Proposed work includes: (Check all that apply) Repairs Addition New construction Demolition Other (specify)

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

Current materials being repaired/ replaced:

Materials/products being used in work:

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): CT CAPITALS BASEBALL ACADEMY

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.

Applicant Signature: Martin Fiori Date: 10-1-21

Printed Name of Applicant: MARTIN FIORI

*Property Owner Signature (REQUIRED): [Signature] Date: 9-28-21

Printed Name of Property Owner: Dan Sullivan

