TOWN OF EAST GRANBY

PLANNING DEPARTMENT
9 CENTER ST
EAST GRANBY, CONNECTICUT 06026
PHONE 1-860-413-3331 FAX 1-860-653-4017

Summary Review Application

File #: _____

Application For: ☐ New Summary Review Approval
☐ Modification of plan previously approved (Enter File #: _____)
☐ Other (Please Specify:_____)

Please Fill Out All the Following Information Below:

Property Address of Project:_____

Design District and/or Zone(s) Property is located in:_____

Size (acreage) of Parcel(s): _____ **How many lots are included in the Project:**_____

Current Use of Property: _____

Proposed Use: _____

Short Summary of Proposal:

_____

_____

_____

Applicant's Name:_____

Applicant's Mailing Address: _____

Applicant's Phone Number (include ext): _____**Applicant's Email:** _____

Applicant's Representative:_____

Representative's Mailing Address:_____

Representative's Phone Number (include extension): _____

Representative's Email:_____

Does the Applicant own the subject property? ☐ YES (attach copy of DEED)

☐ NO (provide information below and include a letter of Authorization)

Owner's Name(s): _____

Owner's Principal Agent Name if Owner is Business entity: _____

Owner's Mailing Address: _____

Owner's Phone Number (include extension): _____

Owner's Email: _____

Does the owner reside at the subject property? ☐ YES ☐ NO, Owner(s) reside elsewhere

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Project Information

Check all that applies	YES	NO
Public Sewer Connection:	☐	☐
Septic:	☐	☐
Public Water Connection:	☐	☐
Well Water:	☐	☐
Do wetlands and watercourses reside on subject property:	☐	☐
If YES above, do wetlands and watercourses affect this proposal? ***Please be advised if your project proposal includes any site activities within a wetlands, watercourse, or upland review area, you will need to apply to the East Granby Wetlands Agency.***	☐	☐
Does the proposal include any regulated activities in a FEMA Floodplain? ***Please be advised if your project proposal includes any site activities within the 100-year FEMA Floodplain, you will need to apply for a Flood Hazard Permit with the East Granby PZC.***	☐	☐

What are the existing land uses and zoning districts for abutting properties or across the street(s)?

Direction	*Current Use(s)*	*Current Zone(s)*
North		
East		
South		
West		

Zoning Analysis Requirement: Please list the requirements in the left and your proposal in the right column.

Compliance	Required	Proposed
List the Zoning Section you are applying under:		
Frontage:		
Front Yard Setback:		
Side Yard Setback:		
Rear Yard Setback:		
Min Lot Area:		
Min Lot Coverage:		
Height:		
Parking Spaces:		
Other:		

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The undersigned hereby permits town staff and commission members to enter into and inspect this site during reasonable hours for the purpose of reviewing this application and accompanying plans. I hereby depose and say that all of the above statements as well as the statements contained in all papers filed herewith are true.

☐ I have reviewed and acknowledged the Land Use Application Guide for further instructions on how to complete my application.

Applicant Signature: _____ Date: _____

Printed Name: _____