

8.10

DATE RECEIVED: 7-21-20

FEE PAID: \$217.00

APPLICATION #: 20-06

APPLICATION FOR SPECIAL PERMIT

TITLE: OLD Eagleville Pit ZONE: RAZ

STREET: OLD Eagleville Rd MAP 42 BLOCK 51 LOT 3 ACREAGE 10

DEED AS RECORDED IN THE TOWN CLERK'S OFFICE: Volume _____ Page _____

FULLY DESCRIBE INTENDED USE: REMOVE S+G to COMPLETE last phase of #7
No Public Hearing

[PLEASE ATTACH SEPARATE PAGE IF MORE SPACE IS NEEDED.]

AS PER SECTION(S) 3.13 + 4.0 OF ZONING REGULATIONS

APPLICANTS NAME DESIATO S+G Corp. PHONE 860-429-6474

ADDRESS _____

*OWNERS NAME Philip DESIATO PHONE 860-429-6474

ADDRESS _____

ENGINEERS NAME Stores Filip PHONE 860-429-3658

ADDRESS 497 Middle Trke Stores, Ct. 06268

ATTORNEYS NAME SAMUEL SCHRAGER PHONE 860-487-0350

ADDRESS Rt. 195 Stores, Ct. 06268

*NAME, ADDRESS, AND PHONE NUMBER OF PERSON TO WHOM **ALL COMMUNICATIONS** ARE TO BE ADDRESSED: Philip DESIATO
999 STAFFORD ROAD, STORES, CT. 06268

* All correspondence for this application will be sent **to this person only**; it will be their responsibility to notify all others named on this application regarding changes to plans, meeting notices, etc.

- Special Permit site plan maps (please call the Planning office for number of copies required).
- A copy of the deed to the parcel **must** be submitted with the application.
- If applicant is not the property owner, a letter granting applicant permission to act as agent **must** be submitted with application.*
- Submit review/permit from Inland Wetlands Agency if applicable.
- Fees to the Town of Coventry are due at the time the application is submitted.
- Waivers requested use attached form.

The undersigned, hereby grants permission for the Commission and/or its agents to walk the land and perform those tests necessary to property review this application.

APPLICANTS SIGNATURE Philip Desiato (per) DATE 7-21-20
PROPERTY OWNER SIGNATURE Philip Desiato (per) DATE "

*[Property owner must sign application; or owner must submit in writing, permission for the applicant to act on his/her behalf.]

Special permit application # 20-06.

WAIVER REQUEST

[To be submitted with special permit application.]

Name: DESIATO S+G CORP. Owner Applicant

Address: OLD Eagleville Rd Phone: 860-429-6479

Title of special permit: SAME Location: SAME

Description of intended use: RENEAL

REGULATION
SECTION NUMBER & TITLE

SUPPORTING INFORMATION/EXPLANATION
FOR WAIVER REQUEST

| | |
|---------|---------------------|
| 7.03.04 | MYLAR Firing Waiver |
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