



CITY OF TORRINGTON
PLANNING & ZONING COMMISSION

APPLICATION FOR CHANGE OF ZONING MAP

Fee: \$360 (including \$60 State tax)

Location of Property: (When no address is available, indicate distance from nearest intersection and side of road)
157 Litchfield Street OR 34 Wilson Avenue

Assessor's Map 116 Block 010 Lot 003

Present Zone R6 Proposed Zone DD

Area of Property 80,692 SF

Is this parcel within 500 feet of another municipality? Yes X No

Is there a conservation or preservation restriction on the property? Yes X No

If "Yes" applicant must notify the holder of the land restriction regarding the application by certified mail, return receipt requested, no later than 60 days prior to the filing of the application. In lieu of such notice the applicant may submit a letter from the holder of such restriction (or their agent) verifying that the application is in compliance with the terms of the restriction.

Applicant: CONTACT MICHAEL BOE boestodol@optimum.net Cathy-Lynne Coyle Exec-Director
Maria Seymour Brooker Memorial, Inc.

Address: 34 Wilson Ave Torrington CT 06790

Phone: 860 482 3012 Fax: 860 489 4761 E-mail: ccoyle@brookermemorial.org

Signature of Applicant: Cathy-Lynne Coyle Date: 1/13/23

Owner: William J. Marchand, Board President
Address: 34 Wilson Ave

Phone: 860 482-3012 Fax: 860 489 4761 E-mail: wjgade@optonline.net

Signature of Owner: W. J. Marchand Date: 2-23-23

Six copies of a certified survey map of the property and a copy of the legal description of such property must be submitted with this application.

CK #17084

FOR OFFICE USE ONLY

(Revised 3/14)

Application Fee Paid: [checkmark]

Date of Public Hearing:

Date of Decision:

Action Taken: