



**TOWN OF OXFORD**  
 S.B. Church Memorial Town Hall  
 486 Oxford Road, Oxford, Connecticut 06478-1298  
 www.Oxford-CT.gov

Planning and Zoning Commission

Z#: <u>2-20-010</u>
Date Received: <u>1-30-2020</u>
Date Accepted: <u>2/4/20</u>

**\* Please Note:**

- Read Instructions Thoroughly Before Completing Form
- This form Must Be Completely Typewritten or Legibly Printed in Ink

1) **APPLICATION:** This is an application for: *(Check the ones that apply)*

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Subdivision | <input type="checkbox"/> Resubdivision                | Total Number of Lots: _____                |
| <input type="checkbox"/> Zone Change | <input checked="" type="checkbox"/> Special Exception | S/E (Include Article & Section No.): _____ |
| <input type="checkbox"/> Excavation  | <input type="checkbox"/> Map/Text Amendment           | (Include Article & Section No.): _____     |
| <input type="checkbox"/> Site Plan   | <input type="checkbox"/> Other                        | _____                                      |

Name of Project Title (Subdivision/Resubdivision): New Haven Rowing Club, Inc.

2) **PROPERTY LOCATION:**

Street Address: 403-407-411 Roosevelt Drive

Town Clerk Record Map Number: \_\_\_\_\_

Assessor's Identification Numbers:

Map: 10 Block: 52 Lot: 52 Unit: \_\_\_\_\_

Zoning District: *(Check One)* Special Exceptions granted in 1991 and 2003 for Non-commercial Recreational Use.

- |   |                                    |                              |   |
|---|------------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> RES A | <input type="checkbox"/> RES Golf  | <input type="checkbox"/> COM | <input type="checkbox"/> Planned COM                            |
| <input type="checkbox"/> RES POD          | <input type="checkbox"/> Ox Center | <input type="checkbox"/> IND | <input type="checkbox"/> CORP BP <input type="checkbox"/> Other |

**Water and Sewer:** *(Check the ones that apply)*

- |  |   |
|--|---|
| <input type="checkbox"/> Municipal Sanitary Sewers         | <input checked="" type="checkbox"/> Private Wells |
| <input checked="" type="checkbox"/> On Site Septic Systems | <input type="checkbox"/> Public Water             |

Please indicate who will be the **POINT OF CONTACT:**

*(All communications and correspondence will be directed to the Point of Contact)*

*(Check one)*

- APPLICANT  OWNER  LAND SURVEYOR  ENGINEER  ARCHITECT

3) **APPLICANT:** Applicant is the Architect - See agent letter attached

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

4) **OWNER(s):** New Haven Rowing Club, Inc.

Address: 407 Roosevelt Drive

Town: Oxford State: CT Zip Code: 06478

Phone: (203) 734-0125 Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_