



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#: _____
Date Received: _____
Date Accepted: _____
Date on Agenda: _____
65 Day Exp.: _____
Extension: _____
2nd Extension: _____

*** 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 type="checkbox"/> Special Exception | S/E (Include Article & Section No.): _____ |
| <input checked="" 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): **Lot 1R Pheasant Run Business Park**

2) **PROPERTY LOCATION:**

Street Address: **2 Pheasant Run Road, Oxford, CT 06478**

Town Clerk Record Map Number: _____

Assessor's Identification Numbers:

Map: **3** Block: **29** Lots: **161** Unit: _____

Zoning District: *(Check One)*

- | | | | |
|----------------------------------|------------------------------------|---|---|
| <input 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 checked="" type="checkbox"/> IND | <input type="checkbox"/> CORP BP <input type="checkbox"/> Other |

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

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