



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

Z#: 2-20-034
 Date Received: 3-13-20
 Date Accepted: _____

Planning and Zoning Commission

*** 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 checked="" type="checkbox"/> Resubdivision | Total Number of Lots: <u>4</u> |
| <input type="checkbox"/> Zone Change | <input 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): _____

2) PROPERTY LOCATION:

Street Address: 312 Chestnut Tree Hill Rd.

Town Clerk Record Map Number: 17-31

Assessor's Identification Numbers:

Map: 37 Block: 5 Lot: 2 Unit: _____

Zoning District: *(Check One)*

- | | | | |
|---|------------------------------------|------------------------------|---|
| <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: Matthew Mihaly, Co-executor

Address: 111 Beech Hill Rd

Town: Trumbull State: CT Zip Code: 06611

Phone: (203) 556-0509 Fax: (203) 372-9834 Email: mimihaly9834@charter.net

4) OWNER(s): Estate of Serge Mihaly, Sr

Address: Same as Applicant

Town: _____ State: _____ Zip Code: _____

Phone: () Fax: () Email: _____