

July 6, 2016

Item #3



DEPARTMENT OF COMMUNITY SERVICES
PLANNING DIVISION
TOWN OF WEST HARTFORD
50 SOUTH MAIN STREET
WEST HARTFORD, CT 06107-2431
TEL: (860) 561-7555 FAX: (860) 561-7504
www.westhartford.org

PERMIT APPLICATION FOR: (check one of the following)

- Lot Split
- Special Use Permit
- Site Plan
- Lot Line Revisions
- Subdivision
- Building Line

SUP
 File # 1189-R1-16 Application Fee \$ 350, Surcharge Fee \$ 60, Date Received 6-16-16
 Street Address 37 LaSalle Rd 25-43

Lot or Parcel # _____ Acreage/Lot Area _____ Zone _____

Applicant's Interest in Property: TENANT

Brief Description of Proposed Activity: Increase seats from 8 to 14 through a change in furniture + seating arrangement.

The undersigned warrants the truth of all statements contained herein and in all supporting documents to the best of his/her knowledge and belief. Furthermore, the applicant agrees that submission of this document constitutes permission and consent to Commission and Staff inspections of the site. Note: Notice is hereby given the Connecticut Department of Public Health must be notified by applicants for any project located within a public water supply aquifer protection area or watershed area. (CTDPH website at <http://www.dph.state.ct.us>)

Lexham Street Retail
Record Owner's Name

Michael Ladden
Applicant's Name

274 Riverside Drive
Street

1 Hatfield Blvd Ste 210
Street

Westport CT 06880
City State Zip

East Windsor CT 06088
City State Zip

860 524-9339
Telephone #

860 324-9338
Telephone #

Contact Person:

Michael Ladden
Name

[Signature]
Applicant's Signature

Same
Street

see attached letter
Signature of Owner/Authorized Agent

City State Zip

Michael@McLaddens.com
E-Mail

Telephone # _____

U: s0/TP2/Templates/PermitApplication_Aug2011

