



Application for a Special Use Permit

TOWN PLANNING & ZONING COMMISSION

EBEX, INC. c/o Peter Sinetos 516-233-5051
Name of Applicant Phone #

460-C Sunrise Highway West Babylon, NY 11704 c/o ed@edlally.com
Applicant's Address E-mail Address

Are you the... (X) Owner () Optionee () Buyer () Agent () Other

EBEX, INC. c/o Peter Sinetos 516-233-5051
Owner(s) of Record (if other than applicant) Phone #

460-C Sunrise Highway West Babylon, NY 11704 c/o ed@edlally.com
Owner's Address E-mail Address

120 High Street, Windsor CT Map:25 Block:127 Lot:4
Address of Subject Parcel(s) Assessor's Parcel Number(s)

4.38 acres 8 AA Residential
Size of Subject Parcel(s) Number of Dwelling Units Proposed Zone

Applicable Section(s) of the Zoning Regulations:
4.5.17 Housing for Handicapped Persons providing On-Site Special Services and Training.

Please describe the Special Use and how it will benefit the Town of Windsor
Provide a facility, care and services focused on residents with Acquired Brain Injury and others with similar medical/health conditions in a smaller facility on a smaller site with more intense and focused care and services than is currently provided in the Town.

Peter Sinetos Peter Sinetos 7/7/23
Applicant's Signature Date
Peter Sinetos Peter Sinetos 7/7/23
Owner's Signature Date

Office Use Only*****
Fee \$ 210 Ck. No. 1449 App. rec'd by: Andrea Comm. Action/Date: _____