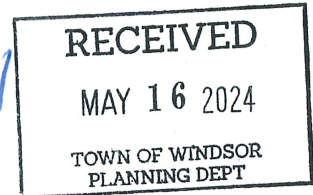




Re-Approval
From May
14 2014



Application for a
Special Use Permit

TOWN PLANNING & ZONING COMMISSION

Name of Applicant Four Seasons Landscaping Inc Phone # 860-250-3682

Applicant's Address 836 Palisado Ave E-mail Address bdfourseasonsland.com

Are you the... Owner Optionee Buyer Agent Other

If other please explain: _____

Owner(s) of record (if other than applicant) SAME Phone # SAME

Owner's Address SAME E-mail Address SAME

Address of Subject Parcel(s) 836 Palisado Ave

Zone of Subject Parcel(s) 10.5.12 AB Size of Subject Parcel(s) 19.27 # of Dwelling Units 1 Gross Non-Residential Floor Area N/A

Applicable Section(s) of the Zoning Regulations: 10.5.12 AB Zone

Please describe the Special Use and how it will benefit the Town of Windsor:

Re Approval from existing Special Use from July 1994, May 2004 and April 2014

Applicant's Signature Robert C. Stouffer Date 5/15/24

Owner's Signature _____ Date _____

Office Use Only*****

Fee \$ 210 Ck. No. 35745 App. rec'd by: Andrea Comm. Action/Date: _____