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 TOWN OF WINDSOR
 PLANNING DEPT

**Application for a
Special Use Permit**

TOWN PLANNING & ZONING COMMISSION

Alford Associates, Inc., c/o Christian Alford 860-688-7288 ext. 12
Name of Applicant **Phone #**

P.O. Box 484, 200 Pigeon Hill Road, Windsor, CT 06095 calford@snet.net
Applicant's Address **E-mail Address**

Are you the... Owner Optionee Buyer Agent Other

If other please explain: _____

MADINA ACADEMY INC c/o Ahsan Saghir 860-839-1624
Owner(s) of record (if other than applicant) **Phone #**

519 Palisado Ave., Windsor, CT 06095 asaghir@att.net
Owner's Address **E-mail Address**

519, 545 & 549 Palisado Avenue
Address of Subject Parcel(s)

AA and AG 14.69 acres none 75,200 sq. ft.
Zone of Subject Parcel(s) **Size of Subject Parcel(s)** **# of Dwelling Units** **Gross Non-Residential Floor Area**

Applicable Section(s) of the Zoning Regulations: 4.5.7C and 10.5.3

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

We are requesting a Special Use permit to permit a 6300 s.f. temporary classroom building.
A Special Use for the existing school was approved on February 14, 2023. The enlargement
of the Special Use will allow additional students to attend the school.

Christian Alford
Applicant's Signature

7/16/2024
Date

Ahsan R. Saghir
Owner's Signature

7/16/24
Date

Office Use Only*****

Fee \$ 210 Ck. No. 4332 App. rec'd by: Andrea Comm. Action/Date: _____