

TOWN OF EAST HARTFORD
 DEPARTMENT OF DEVELOPMENT
 740 Main Street, 2nd Floor
 East Hartford, Connecticut 06108
 Phone: 860-291-7300

DIGITAL DATA AFFIDAVIT FORM

Accompanying this form shall be four (4) prints and one (1) digital copy of the Planning and Zoning Commission approved plans submitted pursuant to the requirements of Section 705.2.c of the Zoning Regulations.

DATE: _____ PLANS SUBMITTED BY (NAME & CONTACT): _____

PROJECT NAME: _____

PROJECT ADDRESS: _____

PLANNING AND ZONING COMMISSION APPROVAL DATE: _____

APPLICATION TYPE: (CHECK ALL THAT APPLY)	<input type="checkbox"/> SPECIAL PERMIT <input type="checkbox"/> SITE PLAN <input type="checkbox"/> SITE PLAN MODIFICATION <input type="checkbox"/> SITE LOCATION <input type="checkbox"/> FLOOD HAZARD MAJOR <input type="checkbox"/> FLOOD HAZARD MINOR <input type="checkbox"/> SOIL E&S CONTROL PLAN <input type="checkbox"/> OTHER (SPECIFY) _____
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PLAN CONTENTS:

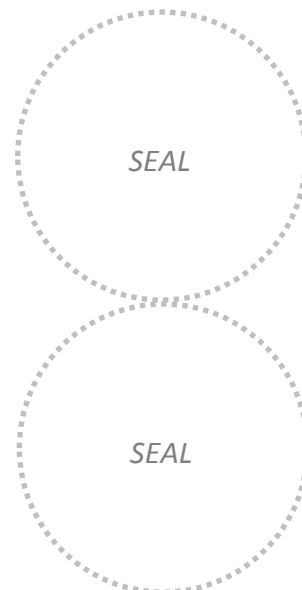
PLAN TITLE:	
NO. OF SHEETS:	FINAL REVISION DATE:
OTHER DOCUMENTS:	

DESIGN PROFESSIONALS: SIGNATURES & STAMPS*

<u>DESIGN FIRM</u>	<u>PRINT NAME</u>	<u>SIGNATURE</u>
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1. _____

2. _____



**By signing and stamping this affidavit, and in accordance with Section 20-300-10 of the Regulations of Connecticut State Agencies, I attest that the digital content accompanying this form has been reviewed and is in compliance with Section 705.2.c of the Zoning Regulations, and I have direct knowledge of the information contained within.*

DESIGN PROFESSIONALS: SIGNATURES & STAMPS*

DESIGN FIRM

PRINT NAME

SIGNATURE

3.

SEAL

4.

SEAL

5.

SEAL

6.

SEAL

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