

**TOWN OF HEBRON**  
**APPLICATION TO FIX ASSESSMENT OF PROPERTY UNDER**  
**SECTION 12-65B CONNECTICUT GENERAL STATUTES**  
**Applicant Information:**

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Owner

Email: \_\_\_\_\_

President: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Treasurer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**Property Owner Information:**

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Assessor's Map #: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Street Address: \_\_\_\_\_

**Requested Assistance:**

Based on the cost of your project, which category of assistance are you requesting?

- ☐ Assistance for fixed period of not more than seven (7) years, provided the cost of such improvements to be constructed is not less than \$3,000,000.
- ☐ Assistance for a period of not more than two (2) years, provided the cost of such improvements to be constructed is not less than \$500,000.
- ☐ Assistance to the extent of not more than fifty percent (50%) of such increased assessment, for a period of not more than three years, provided the cost of such improvements to be constructed is not less than twenty-five thousand dollars (\$25,000).

**Project Description:**

☐ New Construction      ☐ Addition      Total Cost/Project: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Corporate Headquarters          | <input type="checkbox"/> Satellite Offices  |
| <input type="checkbox"/> Campus-style office development | <input type="checkbox"/> Research & Development                                   |
| <input type="checkbox"/> Light Manufacturing             | <input type="checkbox"/> Mixed use facility                                       |
| <input type="checkbox"/> Retail use                      | <input type="checkbox"/> Information technology use                               |
| <input type="checkbox"/> Private recreational facilities | <input type="checkbox"/> HealthCare Facilities to include continuing care centers |

Anticipated date of initiation: \_\_\_\_\_      Anticipated date of completion: \_\_\_\_\_

Owner Occupied: ☐ Yes    ☐ No      Builder for sublet: ☐ Yes    ☐ No

# of square feet: \_\_\_\_\_      # of floors: \_\_\_\_\_

Type of Construction: \_\_\_\_\_

Planning and Zoning Approval: ☐ Yes    ☐ No

### **Employment Information:**

Total # of employees: \_\_\_\_\_ # of employees by category: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

# of jobs:

Manufacturing _____	Office _____	Other _____
Engineering _____	IT Related _____	
Semi-skilled _____	Unskilled _____	

Current/Initial Employment: \_\_\_\_\_      Projected employment (5 years): \_\_\_\_\_

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Please submit any additional information as an attachment to this application that you believe may assist our understanding of your request. This can include but is not limited to: Proposed building and site plans; business plan; background information on company or individual requesting assistance, etc.

Date Submitted: \_\_\_\_\_      Signature: \_\_\_\_\_

For further information please contact:

Michael K. O'Leary Town Planner 15 Gilead Street Hebron, CT 06248 860-228-5971 x137 <a href="mailto:moleary@hebronct.com">moleary@hebronct.com</a>	and/or	Andrew Tierney Town Manager 15 Gilead Street Hebron, CT 06248 860-228-5971 x122 <a href="mailto:atierney@hebronct.com">atierney@hebronct.com</a>
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