

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

**Applicant Information:**

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

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:**

Please specify the type and amount of assistance that you are requesting?

The length of time (in years) you are requesting assistance? \_\_\_\_\_

A constant fixed amount of tax relief per year? In the amount of \_\_\_\_\_

A variable fixed amount of tax relief per year? In the following amounts:  
\_\_\_\_\_

Or, a graduated percentage of fixed assessment per year as follows:  
\_\_\_\_\_

**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, anticipated economic impact to the Town of Hebron from this project, 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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