

<input checked="" type="checkbox"/>	Site Plan	Number _____	Plan Date _____
			Revision _____
<input type="checkbox"/>	Special Permit	Fee paid _____	Revision _____

Name of Applicant	Sammy P Inc. (Principal - Sammy Piotrkowski)		
Address of Applicant	12 Willow Street, Mystic, CT 06355		
Project Name	Proposed office use in existing building		
Tel #	860-884-2600	Cell#	
Fax #		Email	sammy@sammyp.com
Name of Property Owner	Drive-In LLC		
Name of Attorney	N/A		
Tel #		Cell#	
Fax #		Email	
Name of Engineer	Boundaries LLC (attn: David McKay)		
Tel #	860-376-2006	Cell#	
Fax #	860-376-5899	Email	dmckay@boundariesllc.net