Print Form

Town of Portland, Connecticut

33 East Main Street ▪ P.O. Box 71 ▪ Portland, CT 06480-0071 ▪ Phone: (860) 342-6715
www.portlandct.org ▪ Fax: (860) 342-6714
Equal Opportunity Employer
Office of the First Selectwoman

Fixed Assessment Application

Owner's Name: _____

Property location: _____ Map/Lot #: _____

Mailing address: _____

Contact/phone numbers: _____

Type of Business proposed: _____

Proposal-

Describe the proposal for the parcel. Please include scope of project, plans, site improvements, overall expenditures/costs, timelines, etc. Attach other documents as necessary.

_____
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Description of fixed assessment agreement sought-

Please list the terms you seek for the project (amount and number of years).

_____
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_____

Signature_____ Date_____