

Town of Montville Planning & Zoning Commission
Site Plan or Special Permit Application

Site Plan Number 23SITE10 Plan Date 10/2/23
 Special Permit Fee paid N/A Revision _____

Assessors Map 77 Lot 041-000
Project Address 225 Maple Avenue

Name of Applicant Town of Montville
Address of Applicant 310 Norwich-NL Turnpike Uncasville, CT
Project Name Montville Animal Shelter
Tel # _____ Cell# _____
Fax # _____ Email _____
Name of Property Owner Town of Montville
Name of Attorney _____
Tel # _____ Cell# _____
Fax # _____ Email _____
Name of Engineer Donald W. Smith, jr., P.E. Consulting Engineer
Tel # 203 888-4904 Cell# 203 906-7269
Fax # _____ Email dwsjrpe@sbcglobal.net

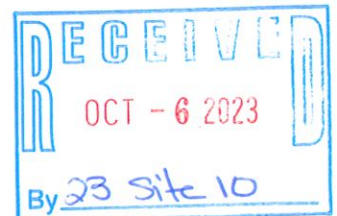
Zoning District G Lot Size 1100'x545' Total Acres 11.77 ac
 Yes No Regulated Wetlands Acreage _____ Permit Date _____
 Yes No Flood Plain Flood Hazard Area _____
 Yes No A-2 Survey Name of Surveyor CLA Engineers, Inc., Horbal&Judson
Building size 2,428 s.f. Building height 26'
Number of acres to be disturbed approx. 1.5
Applicable Zoning Regulation(s) 14.2.2
Project description Construct new animal control facility

This project will use:

Septic system Municipal sewer
 Individual well Public water supply well SCWA well Municipal water

Yes No This project is located in a Public Water Supply Watershed
 Yes No This project has received approval from the Uncas Health District
 Yes No This project has received approval from the appropriate Water Authority

** Attach Copy of All Approvals



Yes No This project requires a State General Stormwater Quality Permit.
 Registration # _____
 Yes No This project requires a permit from the Army Corps of Engineers.
 Yes No This project requires a Water Diversion Permit.
 Yes No This project requires a Dam Permit.
 Yes No This property is subject to a Conservation Restriction and/or a
 Preservation Restriction. If yes, attach a copy of certified notice.
 Yes No Drainage calculations submitted:
 Date 10/02/23 Rev. date - Rev. date -

Yes No This project requires a OSTA (Office of State Traffic Commission)
 Permit.
 Yes No This project requires a DOT Encroachment Permit.
 Yes No The plan has been submitted to the DOT District 2 Office.
 Number of parking spaces provided 5 Reg. 1 HC
 Number of vehicle trips per day generated by this project <100

Yes No A determination of applicability of of the following Zoning Regulations
 Sections 14

Signature of Applicant _____ Date 10/10/23
 Signature of Owner _____ Date 10/10/23

OFFICE USE ONLY

Review	Date Sent	Date Received
Town Engineer		
Uncas Health District		
Fire Marshal		
Building Official		
Mayor		
WPCA		
DOT District 2		
N.L. Water		
Other		

Date of Receipt _____ Date of Public Hearing _____ Date Hearing Closed _____
 Date of Extension #1 _____ Date of Extension #2 _____ Terminal Date _____