



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 4/8/24 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 _____
 Number of vehicle trips per day generated by this project _____
 Yes No A determination of applicability of of the following Zoning Regulations
 Sections _____

Signature of Applicant  Date 4/3/24
 Signature of Owner  Date 4/3/24

OFFICE USE ONLY

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

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