

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

Site Plan Number \_\_\_\_\_ Plan Date \_\_\_\_\_  
 Revision \_\_\_\_\_  
 Special Permit Fee paid \_\_\_\_\_ Revision \_\_\_\_\_

Assessors Map 005 Lot 027  
 Project Address 1492 Hartford - New London Turnpike

Name of Applicant Jeff Daniels  
 Address of Applicant 1502 Hartford - New London Turnpike  
 Project Name \_\_\_\_\_  
 Tel # 860-460-8000 Cell# 860-460-8000  
 Fax # \_\_\_\_\_ Email danielsandsons@live.com  
 Name of Property Owner Jeff Daniels  
 Name of Attorney \_\_\_\_\_  
 Tel # Same Cell# Same  
 Fax # \_\_\_\_\_ Email Same  
 Name of Engineer Green Site Design LLC  
 Tel # 860-892-1380 Cell# \_\_\_\_\_  
 Fax # \_\_\_\_\_ Email ebartlett@greensitedesignllc.com

Zoning District L1 Lot Size 5.62 Ac Total Acres 5.62 Ac  
 Yes  No **Regulated Wetlands** Acreage \_\_\_\_\_ Permit Date \_\_\_\_\_  
 Yes  No Flood Plain Flood Hazard Area \_\_\_\_\_  
 Yes  No A-2 Survey Name of Surveyor Ryan Chevire  
 Building size \_\_\_\_\_ s.f. Building height \_\_\_\_\_  
 Number of acres to be disturbed 4.29 Ac  
 Applicable Zoning Regulation(s) Section 12.2.16 & 12.2.5  
 Project description Processing of earth materials, material storage, and equipment storage.  
With wholesale of materials.

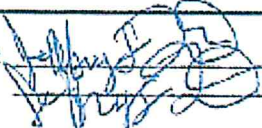

This project will use:  
 Septic system  Municipal sewer  
 Individual well  Public water supply well  SCWA well  Municipal water

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 4/9/24 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 #1 \_\_\_\_\_ Date of Extension #2 \_\_\_\_\_ Terminal Date \_\_\_\_\_