

APPLICANT INSTRUCTIONS: All applicants must complete this application form. The Commission will notify the applicant of any additional information that may be required and will schedule a Public Hearing if necessary. In addition to the information required, the applicant may submit other supporting facts or documents which may assist the Commission in its evaluation of this proposal. **PLEASE SUBMIT THREE (3) COPIES OF THE SITE PLAN AND A DIGITAL COPY TO THE FOLLOWING EMAIL planningdept@montville-ct.org AT LEAST FIVE (5) BUSINESS DAYS PRIOR TO THE MEETING. ONCE THE REVIEWS ARE COMPLETED AND PLANS ARE REVISED, SIX (6) COPIES AND ONE (1) DIGITAL COPY SHALL BE SUBMITTED PRIOR TO THE MEETING.**

I. Applicant Information

Name ^{Earl} "EJ" Caplet Address 299 Black Ash Road
Tel # _____ Cell # 860-235-9966
Fax # _____ Email ecaptaz@gmail.com

Interest in Property Owner Option Holder Developer Harvester Other
 Attach a Written Consent to the proposed activity from the owner if applicant is not the owner Required Not Required

II. Owner Information

Name Earl & Lisa Caplet Address 299 Black Ash Rd, Oakdale
Tel # _____ Cell # 860-235-9966
Fax # _____ Email ecaptaz@gmail.com

III. Engineer Information

Contact N/A
Firm _____ Address _____
Tel # _____ Cell # _____
Fax # _____ Email _____

IV. Attorney Information N/A

Contact _____
Firm _____ Address _____
Tel # _____ Cell # _____
Fax # _____ Email _____

V. Property Information

Address of Proposed Activity 299 Black Ash Rd, Oakdale, CT 06370
Assessor's Map and Lot Number 028-003-002
Land Records /Deed Volume: 691 Page: 414 Acreage of Property 0.74
Zoning: R-40

Provide a List of the Names and Mailing Addresses of Adjacent Property Owners (Attach Sheet)

VI. Wetlands and Watercourse Information

Total Acreage of Wetlands on the site _____ acres
Wetland Disturbance Area _____ sqft
Upland Review Disturbance Area _____ sqft
Have the Wetlands Been Flagged Yes No Year _____
Name of Soil Scientist _____
Linear Feet of Watercourse Disturbance _____ foot
Creation of New Wetlands _____ sqft

VII. Project Description

Subdivision Review No Regulated Activity Permit Modification
 Regulated Activity Permitted Use as of Right Permit Renewal

Activity will involve (Check all that apply)

Alteration Construction Pollution Stormwater Discharge
 Deposition of Material _____ cubic yards
 Removal of Material _____ cubic yards

See attached checklist of items that are to be included on Plan and supplemental data.

A) Attach a Detailed Plan of the Proposal and indicate Plan Title and Date.

B) Provide Brief Description of the Proposed Project on separate piece of paper. Instructions attached.

C) List Titles and dates of all documentation which will be included and submitted with this application and attach to application. Documents should include, but are not limited to; Project Proposal, Soil Scientist Reports, and Drainage Calculations.

VIII. Other Information

- 1. Does the application involve an activity in a regulated area that is within 500 feet of another municipality?
 Yes No - If YES, then a copy of the application and all material is to be submitted to said Town and a copy of the transmittal form is to be provided to the Commission.

- 2. Is the property located within a Flood Hazard Area? Yes No
-If YES, then please provide additional material showing the location of the area.

- 3. Is the regulated activity within a Public Water Supply Aquifer or Watershed? Yes No
- If YES, then a copy of the application and all material is to be submitted to the State Department of Health as well as the appropriate Water Company. See attached instructions for the Notification Process for the State Health Department. A copy of the transmittal forms shall be provided to the Commission.

- 4. Does the application require approval from Uncas Health District? Yes No
- If YES, then a copy of the approval is to be provided to the Commission.

5. Does the application require approval from the Public Works Dept? Yes No
 - If YES, then a copy of the approval is to be provided to the Commission.
6. Does the application require approval from the Town of Montville WPCA? Yes No
 - If YES, then a copy of the approval is to be provided to the Commission.

7. Does the application require permits from the following agencies?

		Submission Info
Army Corps of Engineers	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date _____
Department of Environmental Protection	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date _____
Department of Transportation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date _____

- If YES, then a copy of the application and all material is to be submitted to said Agency and a copy of the transmittal form is to be provided to the Commission.

8. Does this permit require a State Water Diversion Permit? Yes No

9. Does this permit require a State Dam Permit? Yes No

10. Is this property subject to a Conservation Restriction and/or a Preservation Restriction?

-If YES, attach a copy of certified notice. Yes No

11. If the application is a renewal or modification of an existing permit, is a copy of the original approval included in the documentation package? Yes No

The undersigned applicant hereby consents to necessary and proper inspections of the above mentioned property by agents of the Montville Inland Wetlands Commission at reasonable times, both before and after the permit in question has been granted by the Commission.

Name _____

Date 5/15/24

Property Owner if other than Applicant _____ Date _____



100 foot Abutters List Report

Montville, CT

May 14, 2024

Subject Property:

Parcel Number: 028-003-002
CAMA Number: 028-003-002
Property Address: 299 BLACK ASH RD

Mailing Address: CAPLET EARL & LISA M
299 BLACK ASH RD
OAKDALE, CT 063701667

Abutters:

Parcel Number: 028-003-001
CAMA Number: 028-003-001
Property Address: 305 BLACK ASH RD

Mailing Address: SZOT PAUL J & PATRICIA H
305 BLACK ASH RD
OAKDALE, CT 06370

Parcel Number: 028-003-003
CAMA Number: 028-003-003
Property Address: 295 BLACK ASH RD

Mailing Address: ROSHTO TANYA M & ROBERT A
295 BLACK ASH RD
OAKDALE, CT 06370

Parcel Number: 028-003-008
CAMA Number: 028-003-008
Property Address: 275 BLACK ASH RD

Mailing Address: MELANSON WILLIAM
373 THORNGROVE PIKE
KODAK, TN 37764

Parcel Number: 028-005-001
CAMA Number: 028-005-001
Property Address: 300 BLACK ASH RD

Mailing Address: LOILER STEVEN
300 BLACK ASH RD
OAKDALE, CT 06370

Parcel Number: 028-005-002
CAMA Number: 028-005-002
Property Address: 296 BLACK ASH RD

Mailing Address: HAJJ GABRIEL & JOUMANA
296 BLACK ASH RD
OAKDALE, CT 06370



www.cai-tech.com

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5/14/2024

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