



Town of Montville Planning & Zoning Commission
Site Plan or Special Permit Application
Revised 4/1/13

Site Plan Number _____ Plan Date 5/4/24
 Special Permit Fee paid CASH 1210.- Revision _____

Assessors Map 044-005-00B Lot _____
Project Address 339 OXBOCKO DAM RD, OAKDALE CT. 06370

Name of Applicant DAVID M. WARZECHA
Address of Applicant 339 OXBOCKO DAM RD, OAKDALE CT. 06370
Project Name 3-Bay Garage
Tel # 860625-4050 Fax # N/A Email N/A
Name of Property Owner DAVID M. WARZECHA
Name of Attorney N/A
Tel # _____ Fax # _____ Email _____
Name of Engineer ADVANCED SURVEYS LLC.
Tel # 860639-8928 Fax # _____ Email _____

Zoning District R-120 Lot Size _____ Total Acres 8.17
 Yes No Regulated Wetlands Acreage _____ Permit Date _____
 Yes No Flood Plain Flood Hazard Area _____
 Yes No A-2 Survey Name of Surveyor _____

Building size 1440 s.f. Building height 16'
Number of acres to be disturbed _____
Applicable Zoning Regulation(s) _____
Project description 3-BAY Detached Garage / separate outdoor kitchen

Waiver(s) requested yes no Regulation section(s) _____

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 _____ Rev. date _____ Rev. date _____

Yes No

This project requires a 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 N/A

Number of vehicle trips per day generated by this project N/A

Signature of Applicant

M. Wasylchka

Date 5/24/24

Signature of Owner

M. Wasylchka

Date 5/24/24

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 _____ Hearing Closed _____

Date of Extension #1 _____ Date of Extension # 2 _____ Terminal Date _____