

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 070 Lot 004
Project Address 303, 307, 309 Norwich-New London Tpke.

Name of Applicant Lombardi Gravel, LLC
Address of Applicant 305 Butlertown Road
Project Name _____
Tel # 860-235-2846 Cell# _____
Fax # _____ Email jim@bandwpaving.com
Name of Property Owner Lombardi Gravel, LLC
Name of Attorney _____
Tel # _____ Cell# _____
Fax # _____ Email _____
Name of Engineer Green Site Design, LLC
Tel # _____ Cell# 860-917-6597
Fax # _____ Email ebartlett@greensitedesignllc.com

Zoning District C-1 (OZ) Lot Size 0.96 Total Acres 0.96
 Yes No **Regulated Wetlands** **Acreage** _____ **Permit Date** _____
 Yes No Flood Plain Flood Hazard Area _____
 Yes No A-2 Survey Name of Surveyor _____
Building size _____ s.f. Building height existing
Number of acres to be disturbed 0.5 acres
Applicable Zoning Regulation(s) _____
Project description converting the two existing commercial buildings to apartment buildings
MODIFIED SITE PLAN

This project will use:


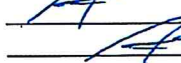
- Septic system Municipal sewer
 Individual well Public water supply well SCWA well Municipal water

- 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 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 38
 Number of vehicle trips per day generated by this project 160
 Yes No A determination of applicability of of the following Zoning Regulations
 Sections _____

Signature of Applicant  Date 6/7/24
 Signature of Owner  Date 6/7/24

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