

☐ 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. The project uses an existing commercial driveway
☐ Yes ☒ No This project requires a DOT Encroachment Permit. curb cut, no activity
☐ Yes ☒ No The plan has been submitted to the DOT District 2 Office. in ROW.
 Number of parking spaces provided 22 Office: 10 trips per 1,000 SF
 Number of vehicle trips per day generated by this project Apartment: 7 trips per unit
Total Trips: 48 trips per day
☒ Yes ☐ No A determination of applicability of of the following Zoning Regulations
 Sections 17.4.15

Signature of Applicant _____
 Signature of Owner _____

Date 10/8/24
 Date 10/8/24

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 _____