

<input checked="" type="checkbox"/>	Site Plan	Number _____	Plan Date <u>10/29/24</u>
			Revision _____
<input type="checkbox"/>	Special Permit	Fee paid _____	Revision _____

Name of Applicant 1758 Rte 32, LLC C/O Corey Grossman
Address of Applicant 24 Main Street, Centerbrook, CT 06409
Project Name Shantok Village
Tel # 888-539-4548 Cell# 860-625-8322
Fax # _____ Email cgrossman@fsc-homes.com
Name of Property Owner Vizion Enterprises, C/O Dr V Coric
Name of Attorney _____
Tel # _____ Cell# _____
Fax # _____ Email croatdoc@gmail.com
Name of Engineer Loureiro Engineering Associates Inc., George Andrews Jr. PE
Tel # 860-410-2906 Cell# 860-729-6460
Fax # 860-747-8822 Email gfandrews@loureiro.com

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

☒ 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 10/28/24 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 408

Number of vehicle trips per day generated by this project 908 entry and exit

☒ Yes ☐ No

A determination of applicability of of the following Zoning Regulations
Sections 4.11.5, 9B, 14A, 15, 15.1, 17 and 18

Signature of Applicant

[Signature] Duty Authorized

Date 10/28/24

Signature of Owner

[Signature] Owner's Rep
Duty Authorized

Date 10/28/24

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 _____