

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

Name of Applicant Honeycomb Real Estate Partners, LLC (Attn. Lewis Brown)
Address of Applicant 20 Avon Meadow Lane, Avon, CT 06001
Project Name Horizon View
Tel # (908) 868-4720 Cell# N/A
Fax # N/A Email lbrown@honeycombreal.com
Name of Property Owner Samuels Montville, LLC
Name of Attorney William R. Sweeney, Esq.
Tel # (860) 447-0335 Cell# N/A
Fax # N/A Email wrsweeney@tcors.com
Name of Engineer Brian P. Dundon, PE
Tel # (781) 279-0180 Cell# N/A
Fax # N/A Email brian.dundon@rioconnell.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

Page 1 of 2
Site Plan /Special Permit Application

☐ 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 9/25/24 Rev. date 10/24/24 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 132
 Number of vehicle trips per day generated by this project 259 (weekday), 282 (weekend)
☐ Yes ☒ No A determination of applicability of of the following Zoning Regulations
 Sections _____

Signature of Applicant [Signature] Date 10/23/2024
 Signature of Owner [Signature] Date _____

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 _____