

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

Name of Applicant	MTIC Acquisitions, LLC		
Address of Applicant	13 Crow Hill Rd, Uncasville, CT 06382		
Project Name	Mohegan tribe language department		
Tel #	860-862-6341	Cell#	
Fax #	860-862-6122	Email	lacampora@moheganmail.com
Name of Property Owner	MTIC Acquisitions, LLC		
Name of Attorney	Linda Acampora		
Tel #	860-862-6341	Cell#	
Fax #	860-862-6122	Email	lacampora@moheganmail.com
Name of Engineer	n/a		
Tel #		Cell#	
Fax #		Email	

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

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☐ 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 16

Number of vehicle trips per day generated by this project _____

☐ Yes ☐ No

A determination of applicability of of the following Zoning Regulations
Sections 14A Route 32 overlay zone (OZ)

Signature of Applicant _____ Date _____

Signature of Owner _____ 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 _____