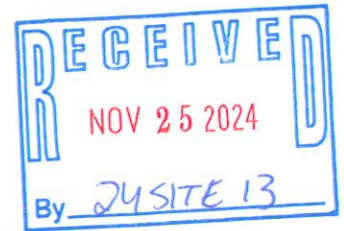


Town of Montville Planning & Zoning Commission
Site Plan or Special Permit Application



☐ Site Plan Number _____ Plan Date _____
☒ Special Permit Fee paid _____ Revision _____
Revision _____

Assessors Map 044-008-066 Lot _____
Project Address 1365 Old Colchester Rd
Name of Applicant James Thomas
Address of Applicant 29 Partridge Hollow Oubate CT 06370
Project Name _____
Tel # 703-508-2463 Cell# 703-508-2463
Fax # _____ Email j.e.thomas18.13@gmail.com
Name of Property Owner James Thomas & Brianna Thomas
Name of Attorney _____
Tel # _____ Cell# _____
Fax # _____ Email _____
Name of Engineer Leigh Overland
Tel # 203-313-2943 Cell# _____
Fax # _____ Email leigh@ldoverland.com

Zoning District R120 Lot Size _____ Total Acres 2.93
☐ Yes ☐ No Regulated Wetlands Acreage _____ Permit Date _____
☐ Yes ☐ No Flood Plain Flood Hazard Area _____
☐ Yes ☐ No A-2 Survey Name of Surveyor Richard Deschamps
Building size 1428 s.f. Building height ~33.5 ft
Number of acres to be disturbed _____
Applicable Zoning Regulation(s) _____
Project description Detached Garage: Accessory Accessory Unit
above Garage

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 6

Number of vehicle trips per day generated by this project _____

☐ Yes ☒ No

A determination of applicability of of the following Zoning Regulations
Sections _____

Signature of Applicant

Date 20 Nov 24

Signature of Owner

Date 20 Nov 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 _____