

☒ Site Plan      Number \_\_\_\_\_ Plan Date \_\_\_\_\_  
Revision \_\_\_\_\_

☐ Special Permit      Fee paid \_\_\_\_\_ Revision \_\_\_\_\_

Name of Applicant John Dempsey - Homes R Us  
Address of Applicant 93 North Burnham Highway, Lisbon, CT, 06351  
Project Name PVC Direct Modified Site Plan  
Tel # 860-800-4089 Cell# \_\_\_\_\_  
Fax # \_\_\_\_\_ Email jdhomesrus@gmail.com  
Name of Property Owner Homes R Us LLC  
Name of Attorney \_\_\_\_\_  
Tel # \_\_\_\_\_ Cell# \_\_\_\_\_  
Fax # \_\_\_\_\_ Email \_\_\_\_\_  
Name of Engineer Green Site Design LLC - Ellen Bartlett  
Tel # 860-892-1380 Cell# \_\_\_\_\_  
Fax # \_\_\_\_\_ Email ebartlett@greensitedesignllc.com

This project will use:

☒ 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

HE-APPLICATION FORMS - 01-1-2012 Guidelines (Final) rev 11-16-2010 Sites-SF-AIT rev 11-15-2010.docx

☐ 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 \_\_\_\_\_ 33

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

Signature of Owner

Date

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 \_\_\_\_\_