

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

Name of Applicant John Eanou - JNE Holdings, LLC
Address of Applicant 338 Westport Rd, Wilton, CT
Project Name Madison Place Luxury Townhouse Development
Tel # _____ Cell# (203) 254-9052
Fax # _____ Email eoanouJ@yahoo.com
Name of Property Owner See above
Name of Attorney _____
Tel # _____ Cell# _____
Fax # _____ Email _____
Name of Engineer Fuller Engineering & Land Surveying - Douglas Reich, RLA
Tel # (203) 333-9465 Cell# _____
Fax # _____ Email doug@land-es.com

Zoning District r-20/Rt 32 OZ **Lot Size** 110,146 s.f. **Total Acres** 2.5+/-
☐ Yes ☒ No **Regulated Wetlands** **Acreage** 0 **Permit Date** _____
☐ Yes ☒ No **Flood Plain** **Flood Hazard Area** _____
☒ Yes ☐ No **A-2 Survey** **Name of Surveyor** Fuller Engineering & Land Surveying, LLC
Building size 22,727 **s.f. Total** **Building height** _____
Number of acres to be disturbed 1.5
Applicable Zoning Regulation(s) Sections 3, 4, 9, 14.a, 15, 17, 18
Project description 11 unit multi-family development with parking, stormwater, sewer, site utilities, and landscaping.

☐ 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 2025-02-11 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 41

Number of vehicle trips per day generated by this project TBD

☐ Yes ☐ No

A determination of applicability of of the following Zoning Regulations
Sections Sections 3, 4, 9, 14.a ,15, 17, 18

Signature of Applicant

Signature of Owner

Date 2/11/25

Date 2/11/25

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 _____

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