

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

Name of Applicant <u>Cricket's Corner LLC</u>	
Address of Applicant <u>c/o Roger L. Phillips, 1650 Route 85, Oakdale, Connecticut 06370</u>	
Project Name <u>Cricket's Corner Daycare</u>	
Tel # <u>(860) 443-4367</u>	Cell# <u>(860) 460-1858</u>
Fax # <u>n/a</u>	Email <u>linda@naturesartvillage.com</u>
Name of Property Owner <u>Cricket's Corner LLC</u>	
Name of Attorney <u>Heller, Heller & McCoy</u>	
Tel # <u>(860) 848-1248</u>	Cell# <u>(860) 961-6073</u>
Fax # <u>(860) 848-4003</u>	Email <u>hheller@hellermccoy.com</u>
Name of Engineer <u>Boundaries, L.L.C.</u>	
Tel # <u>(860) 376-2006</u>	Cell# <u>N/A</u>
Fax # <u>(860) 376-5899</u>	Email <u>jsfaulise@boundariesllc.net</u>

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 Applied for.

☐ Yes ☒ No This project has received approval from the appropriate Water Authority

IA\APPLICATION FORMS\APPS & Guidelines (Each) rev 11-16-2018\Sag-SP APP rev 11-15-2018.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 Feb. 2025 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 32

Number of vehicle trips per day generated by this project 115

☐ Yes ☐ No N/A

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

Signature of Applicant

CRICKET'S CORNER LLC

By Roger L. Phillips, its Member

CRICKET'S CORNER LLC

Date 2/10/2025

Signature of Owner

By Roger L. Phillips, its Member

Date 2/10/2025

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 _____

Site Plan /Special Permit Application

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