

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

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

Assessors Map \_\_\_\_\_ Lot \_\_\_\_\_  
 Project Address \_\_\_\_\_

Name of Applicant \_\_\_\_\_  
 Address of Applicant \_\_\_\_\_  
 Project Name \_\_\_\_\_  
 Tel # \_\_\_\_\_ Cell# \_\_\_\_\_  
 Fax # \_\_\_\_\_ Email \_\_\_\_\_  
 Name of Property Owner \_\_\_\_\_  
 Name of Attorney \_\_\_\_\_  
 Tel # \_\_\_\_\_ Cell# \_\_\_\_\_  
 Fax # \_\_\_\_\_ Email \_\_\_\_\_  
 Name of Engineer \_\_\_\_\_  
 Tel # \_\_\_\_\_ Cell# \_\_\_\_\_  
 Fax # \_\_\_\_\_ Email \_\_\_\_\_

**Zoning District** \_\_\_\_\_ **Lot Size** \_\_\_\_\_ **Total Acres** \_\_\_\_\_  
 Yes  No **Regulated Wetlands** **Acreage** \_\_\_\_\_ **Permit Date** \_\_\_\_\_  
 Yes  No **Flood Plain** **Flood Hazard Area** \_\_\_\_\_  
 Yes  No **A-2 Survey** **Name of Surveyor** \_\_\_\_\_  
**Building size** \_\_\_\_\_ s.f. **Building height** \_\_\_\_\_  
**Number of acres to be disturbed** \_\_\_\_\_  
**Applicable Zoning Regulation(s)** \_\_\_\_\_  
**Project description** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 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 \_\_\_\_\_  
 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 \_\_\_\_\_  
 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 \_\_\_\_\_