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

	Site Plan	Number 225P2	Plan Date
	Special Permit	Fee paid 510	Revision
	•	•	
Asses Projec	sors Map 23 ct Address Souther Johnson	ly terminus of Monah	an Drive & Easterly side of Swanty
Name	of Applicant Cor	nerstone Ventures, L	IC .
			lastonbury, CT 06033
		one	
Tel#	860-938-9744	Cell#	860-938-9744
			ction@gmail.com
Name	of Property Owner	Cornerstone Ventures	, LIC
Name	of Attorney <u>Eugen</u>		
-	860-447-2692	Cell#_	
2.0		Email arco.corp	
			Heintz & Assoc., Inc.
	203-528-1810	Cell#_	860-729-8104
Fax #	860-528-9495	Email_mtahel@aol.	com
	ng District R-40		Total Acres 27/7 +/-
	es No Regulated	Wetlands Acreage	Permit Date
	es 🗖 No Flood Plain	Flood Hazard	Area N/A
	es 🗖 No A-2 Survey	Name of Surve	eyor
	ing sizes	.f. Building heigh	t
Numt	per of acres to be distui	bed	
Appli	cable Zoning Regulation	on(s)	
Proje	ct description		
This	project will use:		
	51	Municipal sewer	
		Public water supply well	☐ SCWA well ☐ Municipal water
		ect is located in a Public Wa	
	1 0		om the Uncas Health District om the appropriate Water Authority
	ttach Copy of All App		

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XX	Yes		No	This project requires a State General Stormwater Quality Permit. Registration #								
	Yes	Ø	No	This project requires a permit from the Army Corps of Engineers.								
	Yes			This project requires a Water Diversion Permit.								
	Yes			This project requires a Water Diversion Permit. This project requires a Dam Permit.								
	Yes			This property is subject to a Conservation Restriction and/or a								
LZCA	1 03											
X	Vec	Yes □	No	Preservation Restriction. If yes, attach a copy of certified notice. Drainage calculations submitted:								
	103	J	140	Date _9/29/22 Rev. date Rev. date								
	Yes	Ŋ	No	This project requires a OSTA (Office of State Traffic Commission) Permit.								
	Yes	X	No	This project requires a DOT Encroachment Permit.								
	Yes	X	No	The plan has been submitted to the DOT District 2 Office.								
Nu	Number of parking spaces provided N/A											
Nu	mbei	of	vehicle trips	per day	generated by this pro	ject						
	Yes		NO	Sections	mination of applicabi	•						
Signature of Applicant Signature of Owner Signature of Owner												
			of Applicant	6	Dily	Certerre	C	Date 10/3/22				
Signature of			f Owner 🗳	10	- "	u		Date 10/3/22				
				By: Eugene C. Cushman, Authorized Agent								
0	FFI	CF	E USE ON	NLY								
R	eviev	W			Date Sent		Date Rece	eived				
T	own	Eng	gineer									
Uncas Health District												
F	ire M	[ars	hal									
В	uildi	ng (Official									
N	layor	•										
V	/PCA	1										
D	OT I	Dist	rict 2									
N	.L. V	Vate	er					9				
C	ther											
							•					
Da	te of	Re	ceipt	_ Date of	f Public Hearing	Date H	Hearing Clos	sed				
	Date of Extension #1 Date of Extension #2 Terminal Date											