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

☒ Site Plan Number _____ Plan Date _____
Revision _____
☐ Special Permit Fee paid _____ Revision _____

Assessors Map _____ Lot 062-036-000
Project Address 69 Fitch Hill Road

Name of Applicant Andrew Petrowski
Address of Applicant 37 Cove Road, Uncasville, CT 06382
Project Name _____
Tel #_____ Cell# 860-608-9179
Fax #_____ Email abexcavation@yahoo.com
Name of Property Owner same
Name of Attorney _____
Tel #_____ Cell#_____
Fax #_____ Email_____
Name of Engineer Green Site Design, LLC - Ellen Bartlett
Tel #_____ Cell# 860-917-6597
Fax #_____ Email ebartlett@greensitedesignllc.com

Zoning District LI Lot Size 33.9 Total Acres 33/9
☑ Yes ☐ No **Regulated Wetlands** **Acreage** 8.9 **Permit Date**_____
☑ Yes ☐ No Flood Plain Flood Hazard Area AE & X
☑ Yes ☐ No A-2 Survey 19,920 Name of Surveyor James Bernardo
Building size 6,000 & s.f. 19,920 Building height 30 ft.
Number of acres to be disturbed 10 acres
Applicable Zoning Regulation(s) 12.2.2 & 12.2.5
Project description an application for multiple warehouse/office space buildings

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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 5/25/23 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 78

Number of vehicle trips per day generated by this project 156

☐ 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 _____