

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

Name of Applicant VCP Montville LF, LLC
Address of Applicant c/o James Cerknowicz, 124 LaSalle Rd, 2nd Floor, West Hartford, CT 06107
Project Name Montville Landfill Solar Array
Tel # 860-288-7215 Cell# 860-335-1971
Fax # _____ Email jcerkanowicz@verogy.com
Name of Property Owner Town of Montville
Name of Attorney _____
Tel # _____ Cell# _____
Fax # _____ Email _____
Name of Engineer Weston & Sampson Engineers, Inc.
Tel # 978-532-1900 Cell# _____
Fax # _____ Email Bukowski.Rob@wseinc.com

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

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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 _____ 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 Not applicable
 Number of vehicle trips per day generated by this project Not applicable
☐ Yes ☐ No A determination of applicability of of the following Zoning Regulations
 Sections _____

Signature of Applicant James Cerkanowicz Date 06/06/2023
 Signature of Owner [Signature] Date 6/5/23

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 _____