

FEB 07 2024

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

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

Assessors Map **33** Lot **017/00K**
Project Address **26 Platos Drive**

Name of Applicant **Artemis G. Mandes**
Address of Applicant **11 Devonshire Drive, Waterford, CT 06385**
Project Name **Mandes Multi-Family Home**
Tel # _____ Cell# _____
Fax # _____ Email _____
Name of Property Owner **Artemis G. Mandes**
Name of Attorney **Paul M. Geraghty**
Tel # **860-447-8077** Cell# _____
Fax # **860-447-9833** Email **pgeraghty@geraghtybonnano.com**
Name of Engineer **Timothy May, PE**
Tel # **860-884-9671** Cell# _____
Fax # _____ Email **mayengineering@sbcglobal.net**

Zoning District **RU-20** Lot Size **.53** Total Acres _____
 Yes No Regulated Wetlands Acreage _____ Permit Date _____
 Yes No Flood Plain Flood Hazard Area _____
 Yes No A-2 Survey Name of Surveyor **Brian Florek**
Building size _____ s.f. Building height _____
Number of acres to be disturbed **.4**
Applicable Zoning Regulation(s) **See attached.**
Project description **4 unit two story apartment building.**

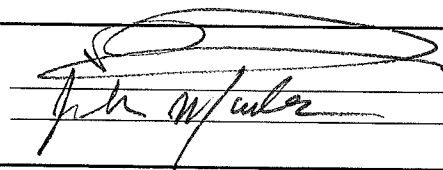
This project will use:
 Septic system Municipal sewer
 Individual well Public water supply well SCWA well Municipal water
 Yes No This project is located in a **Public Water Supply Watershed**
 Yes No This project has received approval from the Uncas Health District
 Yes No This project has received 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 12/19/3 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 See attached statement.

Signature of Applicant _____
Signature of Owner _____



Date 1/18/24
Date 1/18/24

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 _____