

<input checked="" type="checkbox"/>	Site Plan	Number _____	Plan Date <u>11-21-2024</u>
			Revision <u>12-4-2024</u>
<input type="checkbox"/>	Special Permit	Fee paid _____	Revision _____

Name of Applicant MTIC Acquisitions, LLC  
Address of Applicant 13 Crow Hill Rd, Uncasville, CT 06382  
Project Name Mohegan tribe language department  
Tel # 860-862-6341 Cell# \_\_\_\_\_  
Fax # 860-862-6122 Email lacampora@moheganmail.com  
Name of Property Owner MTIC Acquisitions, LLC  
Name of Attorney Linda Acampora  
Tel # 860-862-6341 Cell# \_\_\_\_\_  
Fax # 860-862-6122 Email lacampora@moheganmail.com  
Name of Engineer n/a  
Tel # \_\_\_\_\_ Cell# \_\_\_\_\_  
Fax # \_\_\_\_\_ Email \_\_\_\_\_

**Zoning District** R-20 and OZ **Lot Size** 75825 sq **Total Acres** 1.74

☐ Yes ☒ No **Regulated Wetlands** **Acreage** \_\_\_\_\_ **Permit Date** \_\_\_\_\_

☐ Yes ☒ No **Flood Plain** **Flood Hazard Area** \_\_\_\_\_

☒ Yes ☐ No **A-2 Survey** **Name of Surveyor** Steven R. Marien, LS

**Building size** 3479 s.f. **Building height** 45' (existing)

**Number of acres to be disturbed** n/a

**Applicable Zoning Regulation(s)** Sec. 14a, Sec 17, Sec. 9, Sec. 4.11.4, Sec 18.3.3

**Project description** change of use from residential to business/professional office space in  
Route 32 overlay zone.

☐ 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

HSA APPLICATION FORMS: APPs &amp; Guidelines (Each) rev 11-16-2018; Site-SP APP rev 11-15-2018.docx

☐ 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 16

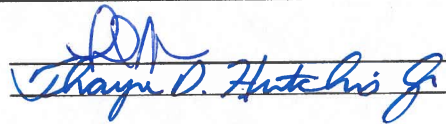
Number of vehicle trips per day generated by this project \_\_\_\_\_

☐ Yes ☐ No

A determination of applicability of of the following Zoning Regulations  
Sections 14A Route 32 overlay zone (OZ)

Signature of Applicant

Signature of Owner



Date

11-21-2024

Date

11/21/24

### 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 \_\_\_\_\_