

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

Name of Applicant	393 Butlertown, LLC		
Address of Applicant	305 Butlertown Road		
Project Name			
Tel #	860-235-2846	Cell#	
Fax #		Email	jim@bandwpaving.com
Name of Property Owner	393 Butlertown, LLC		
Name of Attorney			
Tel #		Cell#	
Fax #		Email	
Name of Engineer	Green Site Design, LLC		
Tel #		Cell#	860-917-6597
Fax #		Email	ebartlett@greensitedesignllc.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

☐ 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 4/21/25 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 20
☐ 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 _____