



Permit # _____ Fees \$ _____

Subdivision/Resubdivision Application

Assessors Map 29 Lot 66-1 Acres ±60 Zoning District R-80 # Of lots 5
Project address: 257 Chesterfield Road Subdivision Name Desautels Resubdivision

Resubdivision only:

Name of original Subdivision Chesterfield Road Springwood AECO Development Plan
Date of Commission Approval 1962

Property owner name: Zachary Cash
Property owner address: 257 Chesterfield Road Montville CT 06370

Applicant name: Michael Desautels
Applicant address: 237 Chesterfield Road Montville CT 06370
Tel # _____ Cell # 860.912.8303
Fax # _____ Email desautels_mike@yahoo.com

Engineer name: Indigo Land Design, LLC
Tel # 860.3889343 Cell # _____
Fax # _____ Email Indigo-Land.com

Attorney name: _____
Tel # _____ Cell # _____
Fax # _____ Email _____

Regulated wetlands ☐ yes ☒ no
Public water supply watershed ☐ yes ☒ no
Community well system ☐ yes ☒ no
Flood Hazard Area ☒ yes ☐ no
Municipal water ☐ yes ☒ no
Individual well ☒ yes ☐ no
Subsurface sewage disposal ☐ yes ☒ no
Municipal sewer ☒ yes ☐ no
Coastal Management Area ☐ yes ☒ no
Ct General Stormwater
Quality Permit ☐ yes ☒ no
Army Corps of Engineers ☐ yes ☒ no
Water diversion permit ☐ yes ☒ no
Dam permit ☐ yes ☒ no

Subject to a conservation restriction and/or a preservation restriction

☐ yes ☒ no

Office of State Traffic Commission (OSTA) Permit

☐ yes ☒ no

DOT encroachment permit

☐ yes ☒ no

Waiver(s) requested

☐ yes ☒ no

Flood zone "Other"

Regulation section(s) _____

The subdivision application must be submitted with the following approvals and or documents if applicable:

- ☒ Permit from the Inland Wetlands & Watercourses Commission or subdivision sign off.
- ☐ Approval letter from the Water Pollution Control Authority.
- ☐ Approval letter from the appropriate Water Authority.
- ☐ Approval letter from the Uncas Health District.
- ☒ Bond estimate.
- ☒ Erosion & sediment control narrative.
- ☒ Drainage calculations.
- ☐ State of Ct. Real Estate Conveyance Tax Return – OP236.
- ☐ Transfer of Title Deed.
- ☐ State of Ct. DOT District II approval.
- ☐ Copy of Ct. Department of Health notification if project is within a public water supply watershed.

Applicant signature _____ Date _____

Owner signature _____ Date _____

[illegible]

State of Ct. DOT District II approval.
Copy of Ct. Department of Health notification if project is within a public water supply watershed.

Date 6/26/2025