

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 _____

Number of vehicle trips per day generated by this project _____

Yes No

A determination of applicability of of the following Zoning Regulations Sections _____

Signature of Applicant _____

Date 11/7/25

Signature of Owner _____

Date 11/7/25

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 _____