



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 43  
 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 11/14/25  
 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 \_\_\_\_\_