

Town of Montville Planning & Zoning Commission
Site Plan or Special Permit Application

Site Plan Number _____ Plan Date 3/30/2026 _____
 Special Permit Fee paid _____ Revision _____

Assessors Map Parcel ID#061-002-000 Lot _____
Project Address Noble Hill Road, Oakdale, CT 06370

Name of Applicant : Jeffrey Phillips & Jennifer Michaels
Address of Applicant : 193 Noble Hill Road, Oakdale, CT 06370

Project Name : N/A

Tel # _____ Cell# _____ same _____

Fax# _____ Email _____

Name of Property Owner Jeffrey Phillips & Jennifer Michaels

Name of Attorney William E. McCoy

Tel # 860-848-1248 Cell# 860-235-2598

Fax # 860-848-4003 Email _____

Name of Engineer Mark Reynolds

Tel # 860-516-0033 Cell# 860-516-0033

Fax# _____ Email _____

Zoning District R-120 Lot Size 62 acres Total Acres 62 acres

Yes No Regulated Wetlands Acreage _____ Permit Date _____

Yes No Flood Plain Flood Hazard Area _____

Yes No A-2 Survey Name of Surveyor Rob Hellstrom

Building size _____ s.f. Building height N/A

Number of acres to be disturbed 3.03 acres

Applicable Zoning Regulation(s) 4.11.11.3

Project description: See attached sheet

This project will use:

Septic system Municipal sewer
 Individual well Public water supply well SCWA well Municipal water

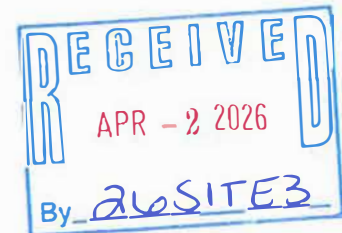
Yes No This project is located in a **Public Water Supply Watershed**

Yes No This project has received approval from the Uncas Health District

Yes No This project has received approval from the appropriate Water Authority

**** Attach Copy of All Approvals**

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Site Plan /Special Permit Application



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 *Jeffrey Phillips* Date 3-30-26
 Signature of Owner *Jennifer Michaels* Date 3-30-26

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 _____