

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

Site Plan Number _____ Plan Date _____
 Special Permit Fee paid _____ Revision _____

Assessors Map 099-045 Lot 00A
Project Address 2020 ROUTE 32 MONTVILLE, CT

Name of Applicant Count & Crush, LLC DbA CLYNK
Address of Applicant 100 Waterman Drive, Suite 301 South Portland, ME 04106
Project Name CLYNK Montville
Tel # 207-248-7148 Cell# _____
Fax # _____ Email khovey@clynk.com
Name of Property Owner _____
Name of Attorney _____
Tel # _____ Cell# _____
Fax # _____ Email _____
Name of Engineer _____
Tel # _____ Cell# _____
Fax # _____ Email _____

Zoning District C-2 Lot Size 22.87 AC Total Acres 22.87 AC
 Yes No Regulated Wetlands Acreage _____ Permit Date _____
 Yes No Flood Plain Flood Hazard Area _____
 Yes No A-2 Survey Name of Surveyor _____
Building size 256 SF s.f. Building height _____
Number of acres to be disturbed 0; Structure to be installed on top of existing parking lot, no excavation proposed
Applicable Zoning Regulation(s) 11.6.1 & 11.6.2 // 18.4.4 & 18.4.6
Project description Recycling Station to be installed within existing parking lot limits

This project will use:
 Septic system Municipal sewer Not Required
 Individual well Public water supply well SCWA well Municipal water
Not Required
 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**

- 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 **Net loss in 5 Spaces**
- Number of vehicle trips per day generated by this project N/A

- Yes No A determination of applicability of of the following Zoning Regulations Sections 11.6.1 & 11.6.2 // 18.4.4 & 18.4.6

Signature of Applicant Kelly Hovey Date 6/8/26
Signature of Owner Thomas Meyers Date 06/05/2026

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 _____

Address: 2020 Norwich New London TPK Zoning Permit # _____

Parcel ID: _____ Zone: _____ Expiration date: _____

Setbacks: Front/Rear: _____ Sides: _____

Town of Montville Zoning Permit

Placing state of the Art Technology enabled redemption unit that functions as an unmanned drop-off point for redeemable containers

Proposed Project: _____

Lydia Fadool

Property Owner: _____

Applicant: Kelly Hovey

100 Waterman Dr. Suite 301 South Portland, ME

Applicant Address: _____

Phone # _____ Cell # 207-248-7148

khovey@clynk.com

Email: _____

Provide the following:

Copy of plans drawn to scale of at least 1" = 40' *showing*: dimensions of lot, size and location of existing, proposed structures, driveways, sanitary facilities and water supply, parking facilities, and adjacent streets; distances of proposed structures from property lines and wetlands. (A copy of plan prepared by a Connecticut Registered Land Surveyor may be required).

The Owner/Agent is responsible for and agrees to:

1. Notify the Zoning Officer of any alteration in the plans.
2. An E&S cash bond of \$2000 *may* be required and must be posted prior to approval of Zoning Permit. This bond may be held for up to one (1) year after Compliance Sign-off.
3. Prior to start of construction all E&S measures must be inspected by the Zoning Officer.
4. **Contact the Zoning Officer (860-848-6779) upon completion of project.**

I hereby certify that the information provided is true and correct and further attest the proposed project is authorized by the owner in fee and I am authorized to make application for a permit for such described work. The undersigned hereby authorizes the Montville Planning & Zoning Commission or its agents to enter the subject property for the purposes of inspection and/or enforcement.

Owner/Agent Signature: Kelly Hovey Date: 6/8/26

Applicant Signature: Kelly Hovey Date: 6/8/26

OFFICE USE ONLY

Fee: _____ Cash / Check # _____

Commission Agent _____ Date _____ Certificate of Zoning Compliance (CZC) Date _____

As Built required prior to issuance of CZC. Received on: _____

Bond # & Date _____ Released: _____

Site/Special Permit # _____

Wetlands Permit # _____

Conditions & Notes _____

