

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

<input checked="" type="checkbox"/>	Site Plan	Number _____	Plan Date <u>5-17-25</u>
<input type="checkbox"/>	Special Permit	Fee paid _____	Revision <u>3-10-26</u>
			Revision _____

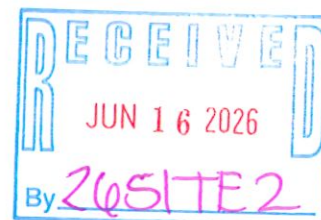
Assessor Map ID: 083-005-000
 Project Address 888 Route 32

Name of Applicant Joe Pennell
 Address of Applicant 133 Chapel Hill Road LLC
 Project Name Depot Road Property Accessory Parking Lot
 Tel # _____ Cell# 860.857.4932
 Fax # _____ Email joep36@aol.com
 Name of Property Owner Depot Road Property LLC
 Name of Attorney _____
 Tel # _____ Cell# _____
 Fax # _____ Email _____
 Name of Engineer Florek Surveying LLC
 Tel # 860.271.6006 Cell# _____
 Fax # _____ Email bflorek@floreksurveyingllc.com

Zoning District C-1 Lot Size 0.34 acres Total Acres _____
 Yes No **Regulated Wetlands** Acreage _____ Permit Date _____
 Yes No **Flood Plain** Flood Hazard Area no
 Yes No **A-2 Survey** Name of Surveyor Brian D. Florek, LS CFS
 Building size _____ s.f. Building height _____
 Number of acres to be disturbed _____
 Applicable Zoning Regulation(s) _____
 Project description _____

This project will use:
 Septic system Municipal sewer
 Individual Well Public water supply well SCWA well Municipal water
 N/A

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 8-18-25 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 20
Number of vehicle trips per day generated by this project 10
 Yes No A determination of applicability of of the following Zoning Regulations
Sections 4.11.3, 17, 18, & 19

Signature of Applicant _____ Date _____
Signature of Owner *Joseph J. Perin* Date 6.16.2026
