

- 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 2025-02-11 Rev. date _____ Rev. date _____

with previous approval

- 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 36
- Number of vehicle trips per day generated by this project No change
- Yes No A determination of applicability of of the following Zoning Regulations Sections 3, 4, 9, 14.0, 15, 17, 18

Signature of Applicant _____
Signature of Owner _____

Date 6/17/26
Date 6/17/26

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 _____