

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

Site Plan Number 20SITES Plan Date _____
 Special Permit Fee paid \$210 Revision _____
CK # 119 Revision _____

Assessors Map 070 Lot 025-000
Project Address 197 Route 32, Uncasville, CT 06382

Name of Applicant Gregg Fedus, P.E.; Fedus Engineering, LLC
Address of Applicant 70 Essex Street, Unit 2C, Mystic, CT 06355
Project Name GBJ LLC Financial
Tel # (860) 536-7390 Cell# (203) 410-6097
Fax # _____ Email gfedus@fedusengineering.com
Name of Property Owner Glenn Johnson
Name of Attorney NA
Tel # _____ Cell# _____
Fax # _____ Email _____
Name of Engineer Gregg Fedus, P.E.; Fedus Engineering, LLC
Tel # (860) 536-7390 Cell# (203) 410-6097
Fax # _____ Email gfedus@fedusengineering.com

Zoning District R20/Rt320Z Lot Size 33,837 sf Total Acres 0.78 Ac
 Yes No Regulated Wetlands Acreage _____ Permit Date _____
 Yes No Flood Plain Flood Hazard Area _____
 Yes No A-2 Survey Name of Surveyor Anthony Hendriks LS
Building size 2390 s.f. Building height No Change
Number of acres to be disturbed 0
Applicable Zoning Regulation(s) Sections 3, 4, 9, 14A, 15, 17, 18
Project description change of use from home occupation dentist office to full financial planning office building to promote economic development in the Route 32 Overlay Zone.

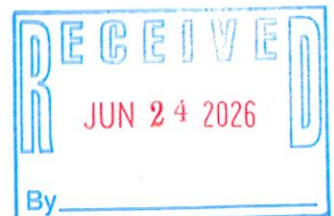
This project will use:

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 11
 Number of vehicle trips per day generated by this project _____

Yes No A determination of applicability of of the following Zoning Regulations
 Sections 3, 4, 9, 14B, 15, 17, 18

Signature of Applicant _____
 Signature of Owner _____

Date 6/24/20
 Date 6/24/20

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 _____