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

☑ Site Plan Number _____ Plan Date 5-17-25
Revision 3-10-26

☐ Special Permit Fee paid _____ 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) Site Plan Review section 17; Parking Regulations section 18; Landscaping section 19
Project description Construction of a 20-space accessory parking lot to serve the existing commercial auto sales business located on the adjoining property under common ownership.

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**

RECEIVED
JUN 29 2026
By _____

☐ 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 _____

Signature of Applicant _____ Date 6-25-2026

Signature of Owner _____ Date 6-25-2026
