

**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

|                                                                                                                                                                                                   |                                                        |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------|
| <b>Zoning District</b> <u>C-1</u>                                                                                                                                                                 | <b>Lot Size</b> <u>0.34 acres</u>                      | <b>Total Acres</b> _____ |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Regulated Wetlands</b>                                                                                                     | <b>Acreage</b> _____                                   | <b>Permit Date</b> _____ |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Flood Plain</b>                                                                                                            | <b>Flood Hazard Area</b> <u>no</u>                     |                          |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>A-2 Survey</b>                                                                                                             | <b>Name of Surveyor</b> <u>Brian D. Florek, LS CFS</u> |                          |
| <b>Building size</b> _____ <b>s.f.</b>                                                                                                                                                            | <b>Building height</b> _____                           |                          |
| <b>Number of acres to be disturbed</b> _____                                                                                                                                                      |                                                        |                          |
| <b>Applicable Zoning Regulation(s)</b> <u>Site Plan Review section 17; Parking Regulations section 18; Landscaping section 19</u>                                                                 |                                                        |                          |
| <b>Project description</b> <u>Construction of a 20-space accessory parking lot to serve the existing commercial auto sales business located on the adjoining property under common ownership.</u> |                                                        |                          |

This project will use:

- |                                          |                                                                             |
|------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Septic system   | <input type="checkbox"/> Municipal sewer                                    |
| <input type="checkbox"/> Individual Well | <input type="checkbox"/> Public water supply well                           |
| <input checked="" type="checkbox"/> N/A  | <input type="checkbox"/> SCWA well <input type="checkbox"/> Municipal water |

- |                                                                     |                                                                         |
|---------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | This project is located in a <b>Public Water Supply Watershed</b>       |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | This project has received approval from the Uncas Health District       |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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

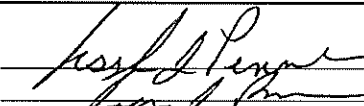
Number of vehicle trips per day generated by this project 10

☐ Yes ☒ No

A determination of applicability of of the following Zoning Regulations  
Sections \_\_\_\_\_

Signature of Applicant

Signature of Owner


Date 6-25-2026

Date 6-25-2026