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

☒ Site Plan Number _____ Plan Date _____
Revision _____
☐ Special Permit Fee paid _____ Revision _____

Assessors Map 079 Lot 013
Project Address 695 Route 32, Uncasville, CT 06382

Name of Applicant John Eoanou; North Group LLC
Address of Applicant 338 Westport Road, Wilton, CT 06897
Project Name Proposed Residential Development
Tel # _____ Cell# (203) 650-2070
Fax # _____ Email eoanouj@yahoo.com
Name of Property Owner North Group LLC
Name of Attorney _____
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 C-1/Rt 32 OZ Lot Size 52,314 SF Total Acres 1.2 Ac
☐ Yes ☒ No **Regulated Wetlands** **Acreage** _____ **Permit Date** _____
☒ Yes ☐ No Flood Plain Flood Hazard Area AE-12; 235' to limits of construction
☒ Yes ☐ No A-2 Survey Name of Surveyor Anthony Hendricks LS; Fedus Engineering LLC
Building size 4,491 s.f. Building height _____
Number of acres to be disturbed 0.91
Applicable Zoning Regulation(s) Sections 3, 4, 10, 14A, 15, 17, 18, 18B
Project description Seeking to construct two additional units on existing commercial lot to create a triplex development

---

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**

☐ 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 7/14/2026 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 (5 garage spaces)

Number of vehicle trips per day generated by this project TBD

☐ Yes ☒ No A determination of applicability of of the following Zoning Regulations Sections _____

Signature of Applicant _____ Date 7/14/26

Signature of Owner _____ Date 7/14/26

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 _____