



Office Use Only

Date Accepted: 1/16/19

Accepted By: CC

PZC-19-001

**Minimum Requirements for Submission of Application to
Planning and Zoning Commission**
This form must be submitted with your application.

Application Requirements are based on the application type selected on application form.



Site Plan Review/Modification (See Section 9.1 for details)

- Pre-Application Meeting – Date of Meeting _____
- Complete Application Form
- Complete Chatham Health District Application Form
- Fee Paid
- Site Plan (10 Copies) – See Section 9.2.C.2 for specifications
- Drainage Calculations in Compliance with Section 7.5
- Pending Approval or report from Chatham Health District (or CT DPH as needed)
- Report from Fire Marshal
- Bond Estimates As Required, See Section 9.2.C.2

Special Permit (See Section 9.2 for details)

- Pre-Application Meeting – Date of Meeting 1/16/2019
- Complete Application Form
- Complete Chatham Health District Application Form
- Fee Paid
- Site Plan (10 Copies) - See Section 9.2.C.2 for specifications
- N/A Pending Approval from IWWA
- N/A Drainage Calculations in Compliance with Section 7.5
- Pending Approval or report from Chatham Health District (or CT DPH as needed)
- Pending Approval or report from Fire Marshal
- Pending Approval or report from Public Works
- N/A Traffic Study (As Required)
- N/A Bond Estimates (As Required)
- Public Hearing Requirements

Zone Change (See Section 9.3 for details)

- Complete Application Form
- Fee Paid
- A-2 Survey of Property showing surrounding properties and respective zone -10 Copies
- Reports from Chatham Health District, Fire Marshal, Police Dept. and Public Works
- Public Hearing Requirements

Amendment to Zoning Regulations (See Section 9.3 for details)

- Complete Application Form
- Fee Paid
- Existing Regulation with proposed Amendments (10 Copies)
- Rationale for Amendment (10 Copies)
- Reports from Chatham Health District, Fire Marshal, Police Dept. and Public Works
- Public Hearing Requirements

I certify that this application is complete.

Signature of Applicant: [Signature] Date: 1/16/2019

The Commission reserves the right to add additional requirements in accordance with the Regulations.
Only Complete Application Packages Will Be Accepted

RECEIVED

JAN 16 2019

TOWN OF EAST HAMPTON

Planning and Zoning Commission
1-860-267-9601

RECEIVED
JAN 16 2019

TIME _____

Date 1/16/19
PZC _____

PZC-19-001

Fee Paid \$210.00
Check # 1449
Rec. By [Signature]

LOCATION 14 Flanders Road MAP 5A BLK 59 LOT 31

PROJECT NAME Olzacki Accessory Dwelling Unit ZONE R-1

APPLICANT Larry Marsiglio PHONE 860 982 3380
ADDRESS 24 Arden Dr., East Hampton, CT 06424 Fax _____

CONTACT PERSON _____ PHONE _____

OWNER Joe Olzacki PHONE 860 318 6566
ADDRESS 14 Flanders Rd., East Hampton, CT 06424 Fax _____

SURVEYOR/ENGINEER _____ PHONE _____
ADDRESS _____ Fax _____

ATTORNEY _____ PHONE _____
ADDRESS _____ Fax _____

APPLICATION TYPE (application must be completed in FULL in order to be accepted)

- ___ 1. SUBDIVISION /RESUBDIVISION /CONSERVATION SUBDIVISION NO. OF LOTS _____
- ___ 3. SITE PLAN _____ MODIFICATION _____ Residential _____ Commercial _____
- 4. SPECIAL PERMIT---SECTION S.A.M.B OF THE ZONING REGS. FOR Accessory Dwelling Unit (Attached)
- ___ 5. ZONE CHANGE---FROM _____ TO 22' x 28'
- ___ 6. AMENDMENT TO ZONING REGULATIONS _____
- ___ 7. LAKE POCOTOPAUG PROTECTION AREA _____
- ___ 8. ACTIVE ADULT NO OF UNITS _____
- ___ 7. OTHER (DESCRIBE) _____

APPLICATION REQUIREMENTS: This application and 10 sets of plans shall be submitted to the Planning Office and shall be received by the Commission at the next regularly scheduled meeting. (see meeting schedule for deadline dates)

A complete application shall consist of an application, fees, maps /plans(A-2 survey) ,engineers report including drainage calculations and watershed calculations(pre and post), bond estimates, hydrology report, environmental studies, waiver requests and traffic study where applicable

Preliminary discussions are highly recommended for subdivisions 5 lots & over and for larger Special Permit Applications
Abutters notice receipts (green cards) must be handed in to the Planning Office prior to the meeting

APPLICANTS SIGNATURE [Signature] DATE 1/16/2019

OWNER'S SIGNATURE _____ DATE 1-16-19

The owner and applicant hereby grant the East Hampton Planning and Zoning Commission and/or it's agents permission to enter upon the property to which the application is requested for the purpose of inspection and enforcement of the Zoning Regulations and Subdivision Regulations of the Town of East Hampton.



Request for Environmental Health Services
(effective 7-1-17)

Application # _____ Town East Hampton
 Property Location 14 Flanders Map 5A Block 59 Lot 31
 Applicant Larry Mersiglio Daytime Phone 860-982-3380
 Address 24 Arden Dr. East Hampton
 Applicant's Signature _____ Date 1/16/19
 Property Owner Joe Olrecki Daytime Phone 860-318-6566
 Address 14 Flanders Rd. East Hampton
 Owner's Signature _____ Date _____
 Email Address _____

| | | | |
|--|-------|----------|-------|
| Soil Testing/Per Lot (5 Test Holes) | \$140 | \$ _____ | _____ |
| B100a Soil Testing | \$75 | \$ _____ | _____ |
| Additional Test Holes | \$30 | \$ _____ | _____ |
| Septic Re- inspection Fee (work not ready/ not approved 2 nd request) | \$75 | \$ _____ | _____ |
| Confirmatory Perc Test in fill | \$75 | \$ _____ | _____ |
| Site Plan Review/Per Lot | \$125 | \$ _____ | _____ |
| Engineered Septic Design Review | \$100 | \$ _____ | _____ |
| Revised Site Plan Review | \$50 | \$ _____ | _____ |
| Subdivision Review/Per Lot | \$70 | \$ _____ | _____ |
| Revised Subdivision Plan Review | \$50 | \$ _____ | _____ |
| Subdivision Review Sewered/Per Lot | \$35 | \$ _____ | _____ |
| Subdiv. Rev Sewered /Per Lot-Revision | \$35 | \$ _____ | _____ |
| Water Supply Well Permit | \$110 | \$ _____ | _____ |
| Well Abandonment | \$75 | \$ _____ | _____ |
| Central System Exception | \$100 | \$ _____ | _____ |
| Day Care Inspection | \$95 | \$ _____ | _____ |
| Barber/Beauty Salons | \$100 | \$ _____ | _____ |
| Pools Inspection Routine | \$100 | \$ _____ | _____ |
| Re-Inspection of Public Pool | \$100 | \$ _____ | _____ |
| Pool inspection fee late payment (due 60 days after notice) | \$50 | \$ _____ | _____ |
| Bathing Beaches – Water Sampling/sample | \$20 | \$ _____ | _____ |



Town of East Hampton
Department of Planning & Zoning
20 East High Street, East Hampton, CT 06424
(860) 267-9601

NOTICE OF PUBLIC HEARING

PROPERTY IS LOCATED AT 14 Flanders Road

THE EAST HAMPTON PLANNING AND ZONING COMMISSION WILL HOLD A PUBLIC HEARING ON _____ AT 7:00 P.M. IN THE EAST HAMPTON TOWN HALL, 20 EAST HIGH ST., EAST HAMPTON, CT TO CONSIDER THE FOLLOWING APPLICATION:

APPLICANT'S NAME: Larry Marsiglio

SPECIAL PERMIT UNDER SECTION B.A.M.B OF THE ZONING REGS TO Approve an attached accessory dwelling unit.

_____ SUBDIVISION _____ CONSERVATION SUB _____ NO. OF LOTS _____
TITLE _____

_____ RESUBDIVISION _____ NO. OF LOTS _____
TITLE _____

_____ SITE PLAN MODIFICATION TO _____

_____ TIMBER HARVEST PERMIT TO _____

_____ ZONE CHANGE FROM: _____ TO: _____

_____ ZONING REGULATION CHANGE _____

_____ OTHER _____

APPLICATION AND MAPS ARE ON FILE IN THE TOWN PLANNER'S OFFICE.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE PLANNER
AT 860-267-9601.