

Office Use Onl	Y
Date Accepted:	
Accepted By:	

PLANNING & ZONING COMMISSION TOWN OF EAST HAMPTON

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) Complete Application Form
Fee Paid
Site Plan (PDF & 10 copies of 11 x 17s) – See Section 9.2.C.2 for specifications
Site Figure 10 Copies of 11 x 17/5) = See Section 9.2.C.2 for specifications Drainage Calculations in Compliance with Section 7.5
Report from Chatham Health District (or CT DPH as needed)
Report from Fire Marshal
Bond Estimates As Required, See Section 9.2.C.2
Bond Estimates As Required, see Section 9.2.C.2 Special Permit (See Section 9.2 for details)
Complete Application Form
Fee Paid
Site Plan (PDF & 10 copies of 11 x 17s) - See Section 9.2.C.2 for specifications
Pending Approval from IWWA
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
Traffic Study (As Required)
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 - PDF & 10 copies of 11 x 17
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 (PDF & 10 copies of 11 x 17s)
Rationale for Amendment (PDF & 10 copies of 11 x 17s)
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: X Date: 3-23-23
Date: 5 7 7 9

The Commission reserves the right to add additional requirements in accordance with the Regulations.

Only Complete Application Packages Will Be Accepted



TOWN OF EAST HAMPTON Planning and Zoning Commission 1-860-267-7450 www.easthamptonct.gov

PZC	Fee Paid Pd (M) 210 Check # Donee n Rec'd. By			
LOCATION Lakeside Bar & Grill	MAP OYA BLK 45A LOT 21			
PROJECT NAME Live Entertainment	ZONE			
APPLICANT ST TSMET ISO Deduses ADDRESS 8 N Main Street East Humpton, CT	PHONE 860-878-4455 EMAIL Lakegide Mampton Ogmail com			
CONTACT PERSON ISME + ISO Dedusa;	PHONE 860-885-8254 EMAIL I Societ 66 Ggrain com			
OWNER ISMET ISO DEGUSTE' ADDRESS 81 N Main Street	PHONE			
SURVEYOR/ENGINEERADDRESS	PHONE			
ATTORNEYADDRESS	PHONE			
APPLICATION TYPE (application must be <u>completed</u> in FULL in order to be accept	oted)			
1. SUBDIVISION /RESUBDIVISION /CONSERVATION SUBDIVISION NO. OF LOTS 3. SITE PLAN MODIFICATION Residential Commerce 4. SPECIAL PERMITSECTION OF THE ZONING REGS. FOR 5. ZONE CHANGEFROM TO 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 Land Use 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 large Abutters notice receipts (green cards)must be handed in to the Planning Office prior to the model of the Planning Office prior to the Plannin	r Special Permit Applications neeting			
APPLICANTS SIGNATURE X	DATE 3-73-23			
OWNER'S SIGNATURE The owner and applicant hereby grant the East Hampton Planning and Zoning Commission and/or it's to which the application is requested for the purpose of inspection and enforcement of the Zoning Reg Town of East Hampton.	DATE 3-23-23			

Form PZC1 5/20

PLANNING AND ZONING FEE SCHEDULE

		and the state of t
Note: Each application requires an additional \$60 fee to be submit (effective 10/09)	tled to the State	\$ 60.00
SUBDIVISION APPLICATION & CONSERVATION SUBDIVISION No. of lois		
A fee of \$500 plus the sum of	6.45011-1	
1-5 lols	\$ 150/ lot \$ 150/ lot	•
1-0 1019	\$ 150/100	
Plus a developer's fee of 3% of the bond filed for subdivisions requiring properties to be paid at the time bonds are filed with the Town and prior to any cons		
SITE PLAN REVIEW		
Residential/Commercial	\$ 150	150
Commercial, Industrial, Designed Development: Calculated by total sq ft of New Construction Square Feet	of impervious surface	
Less than 3000 Sq Ft	\$ 150	
3001 to 5,000 Sq Ft	\$ 250	
5001 to 10,000 Sq ft	\$ 600	
10,001 to 15,000 Sq ft	\$ 1100	N
For every additional 5000 Sq Ft	\$ 500	
SPECIAL PERMIT		
Special Permit	\$ 1 <u>50</u>	
Commercial, Industrial, Designed Development: Calculated by total sq ft or	f impervious surface	
New Construction	importious suriass	
Square Feet		
Less than 3000 Sq Ft	\$ 150	
Less than 5000Sq Ft	\$ 300	
5001 to 10,000 Sq Ft	\$ 600	
10,001 to 15,000Sq Ft	\$ 1100	
For every additional 5000 Sq FT	\$ 500	
For Special Permits Involving Commercial Properties fees increase by \$50		
SITE PLAN MODIFICATION		
Minor Amendment	\$ 50	
Major Amendment	\$ 100	
	<u> </u>	·
ZONING OR SUBDIVISION REGULATION TEXT CHANGE	\$ 300	
	XX F 3-40-24 1	
CHANGE IN ZONING MAP	\$ 500	
LAVE DOCOTODALIC DEOTECTION AREA	6 75	
LAKE POCOTOPAUG PROTECTION AREA	<u>\$ 75</u>	-
APPLICATION FOR MULTI-FAMILY, ACTIVE ADULT AND HOD	\$ 1000	
Number of unit's	Ψ 1000	-
Plus the sum of	\$100/unit	
	and the second s	t
	Total	\$210



Revised 04/30/2017

EAST HAMPTON PLANNING AND ZONING COMMISSION

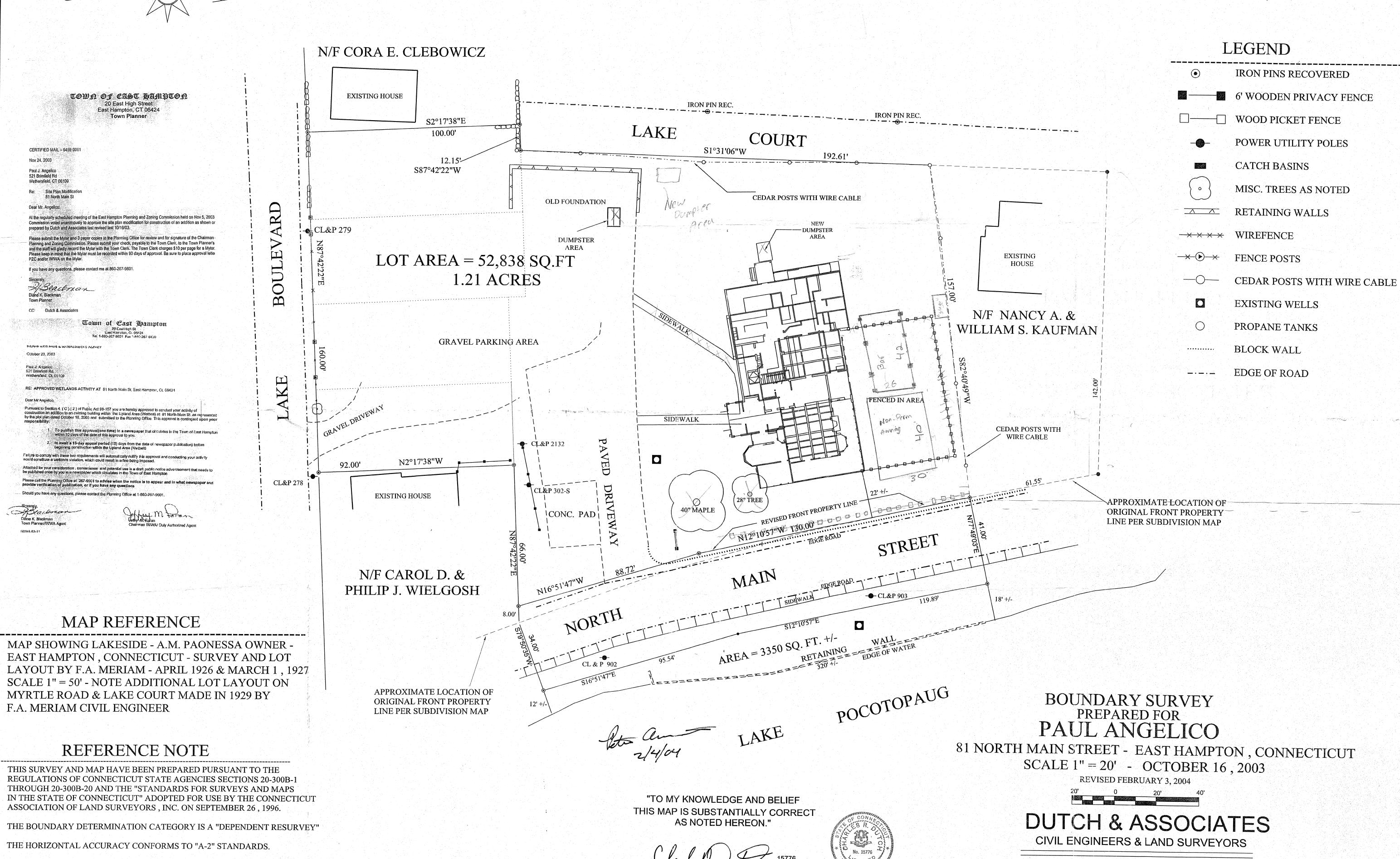
IS THE SU AND ZONI THE EAST 06424.	BJECT OF A PUBLIC HEARING BY THE EAST HAMPTON PLANNING NG COMMISSION ONAT 7:00 P.M. IF HAMPTON TOWN HALL, 1 COMMUNITY DRIVE, EAST HAMPTON COMMUNITY DR
THIS PUBI	IC HEARING IS TO CONSIDER THE FOLLOWING APPLICATION:
APPLICAT	ION NAME: Live Entertainment
	SPECIAL PERMIT UNDER SECTION OF THE ZONING REGULATIONS TO
	SUBDIVISION/OPENSPACE SUBDIVISON NO. OF LOTS
	RESUBDIVISION NO. OF LOTS TITLE
	SITE PLAN APPROVAL TO
	LAKE POCOTOPAUG PROTECTION AREA TO
	ZONE CHANGE FROM TO
_	ZONING REGULATION CHANGE
V	OTHER Live Entertainment
APPLICAT	ON AND MAPS ARE ON FILE IN THE LAND USE OFFICE. IF YOU QUESTIONS PLEASE CONTACT THE LAND USE OFFICE AT

1 Community Drive, East Hampton, CT 06424 | 860.267.7450 tel | www.easthamptonct.gov



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

Application #		Town East	Hampton
Property Location Lakeside Bar & gri)	Map	Block	Lot
Applicant Iso Dedusa;			e Phone 860-885-8245
Address 81 N Main Street East +	dar Ptor		13
Applicant's Signature X			Date 3-23-23
Property Owner Ismet Iso Deduse;		Davtime Phone	860-885-8254
Address 81 N Main Street Rast Ho		, CT	
Owner's Signature X		4-1	Date 3-23-23
Emall Address I go de 2 66 9 mail.com			Date
	THE PARTY OF THE P		, , , , , , , , , , , , , , , , , , , ,
O. II Tarlian III and A to III		*	
Soil Testing/Per Lot (5 Test Holes)	\$140	\$	
B100a Soil Testing	\$76	\$	
Additional Test Holes	\$30	\$	· ·
Septic Re- inspection Fee (work not ready/ not approved 2 nd request)	\$76	\$	
Confirmatory Perc Test in fill	\$76	¢	
Site Plan Review/Per Lot	\$125	<u> </u>	
Engineered Septic Design Review	\$100	\$	
Revised Site Plan Review	\$50	\$	***************************************
Subdivision Review/Per Lot	\$70	\$	No. of the second
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	\$76	\$	
Central System Exception	\$100	\$	
Day Care Inspection	\$95	\$	
Barber/Beauly Salons	\$100	\$	
Pools Inspection Routine	\$100	\$	
Re-Inspection of Public Pool	\$100	\$	
Pool Inspection fee late payment (due 60 days after notice)	\$50	\$	
athing Beaches Water Sampling/sample	\$20	\$	



LICENSE NUMBER

JOB No. 03-179

392 SOUTH MAIN STREET, COLCHESTER, CONN.

PHONE: 537-3465