



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



PZC -24-006  
Date \_\_\_\_\_

Fee Paid 210  
Check # 9234  
Rec'd. By [Signature]

LOCATION 35 West High St. East Hampton

MAP 01A BLK 47 LOT 3A

PROJECT NAME \_\_\_\_\_

ZONE C

APPLICANT Out Front, LLC, c/o Timothy Mason  
ADDRESS 128 Jagger Ln., Hebron CT 06248

PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

CONTACT PERSON Timothy Mason

PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

OWNER Out Front, LLC  
ADDRESS 128 Jagger Ln., Hebron CT 06248

PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

SURVEYOR/ENGINEER \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

ATTORNEY \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

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 \_\_\_\_\_ OF THE ZONING REGS. FOR \_\_\_\_\_
- 5. ZONE CHANGE---FROM \_\_\_\_\_ 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 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 4/5/23

OWNER'S SIGNATURE [Signature] DATE 4/5/23

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.



Office Use Only

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
- 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

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 17s
- 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: \_\_\_\_\_ Date: 4/10/

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