



Office Use Only

Project ID# PZC-20-025

Address: 29 Middle Haddam

MBL: 01C/9/7

PLANNING & ZONING COMMISSION
TOWN OF EAST HAMPTON

Cubalt Health Care

**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 (11 Copies) – See Section 9.2.C.2 for specifications
- Drainage Calculations in Compliance with Section 7.5
- 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 _____
- Complete Application Form
- Complete Chatham Health District Application Form
- Fee Paid
- Site Plan (11 Copies) - See Section 9.2.C.2 for specifications
- Pending Approval from IWWA
- Drainage Calculations in Compliance with Section 7.5 — *not included when appl. submitted.*
- 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 (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: 11-4-20

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

RECEIVED
NOV 24 2020
TIME _____

PZC PZC-20-025
Date 11/24/20

Fee Paid \$ 360.⁰⁰
Check # 8134
Rec'd. By CC

LOCATION 29 Middle Haddam Road - Cobalt Health Care MAP 01C BLK 9 LOT 7

PROJECT NAME _____ ZONE R-2

APPLICANT Z Incorporated PHONE _____
ADDRESS 29 Middle Haddam Rd, East Hampton, CT 06414 EMAIL _____

CONTACT PERSON PAT BENJAMIN PHONE 860-349-1676
EMAIL _____

OWNER Z INC PHONE _____
ADDRESS PO Box 246 COBALC, CT 06414 EMAIL _____

SURVEYOR/ENGINEER Patrick Benjamin P.E. #19,907 PHONE _____
ADDRESS PO Box 686, Durham, CT 06422 EMAIL bascombenjamin@yahoo.com

ATTORNEY _____ PHONE _____
ADDRESS _____ 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 x
- x 4. SPECIAL PERMIT--SECTION _____ OF THE ZONING REGS. FOR Demo & rebuild
- 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 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 11/14/20

OWNER'S SIGNATURE [Signature] DATE 11-14-20

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.