

Project ID#

Address:

PZC-20-023 9 Middle Hadda

PLANNING & ZONING COMMISSION TOWN OF EAST HAMPTON

MBL:

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	Brit. water
Special Permit (See Section 9.2 for details) Pre-Application Meeting - Date of MeetingComplete Application FormComplete Chatham Health District Application FormFee PaidSite Plan (11 Copies) - See Section 9.2.C.2 for specificationsPending Approval from IWWADrainage Calculations in Compliance with Section 7.5Pending Approval or report from Fire MarshalPending Approval or report from Public WorksTraffic 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 FormFee PaidExisting Regulation with proposed Amendments (10 Copies)Rationale for Amendment (10 Copies)Reports from Chatham Health District, Fire Marshal, Police Dept. and Public WorksPublic Hearing Requirements	
I certify that this application is completed Signature of Applicant: Mathin Curotavsin Date: 9/24/20	

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



PZC-20-023	\$570000/		
PZC 24/20 Date 9/24/20	Fee Paid Check # 13Lo Rec'd. By		
LOCATION_ 9 Middle Haddam Rd.	MAPOIC BLK 9 LOT 5		
PROJECTNAME Veterinary Hospital	ZONE R-2		
APPLICANT JCG Properties LLC ADDRESS 455 Portland-Corpolt Rd. Portland, CT 06480	PHONE 860-342-3399 EMAIL jcgustavson2003@gmail.com		
CONTACT PERSON Christine Gustavson	PHONE 860-538-0384 EMAIL jegustavson 2003@gmail.com		
OWNER Soint Clonests Equestion Edite, LLC ADDRESS P.O. Box 427, Fortland, CT 06480	PHONE 860-342 0593 ext. 247 EMAIL J. Ramscy @ Sarat Clements Costlerom		
SURVEYOR/ENGINEER Dutch & Associates ADDRESS P.O. Box 163, 392 South main St., Colchester, CT	PHONE (860)537-3465 EMAIL <u>dutchassociate.s@sbCgloba</u> l.net		
ATTORNEY Kenneth Barber & Associates, LC ADDRESS 29 West High Street, Po Box 88, East Hampton, CT	PHONE 860-267-2263 EMAIL Kbachere Barber-Law-Firm.		
APPLICATION TYPE (application must be <u>completed</u> in FULL in order to be accept	(ed)		
1. SUBDIVISION /RESUBDIVISION /CONSERVATION SUBDIVISION NO. OF LOTS 3. SITE PLAN MODIFICATION Residential Commercia 4. SPECIAL PERMITSECTION OF THE ZONING REGS. FOR 5. ZONE CHANGEFROM ZZ TO 6. AMENDMENT TO ZONING REGULATIONS 7. LAKE POCOTOPAUG PROTECTION AREA 8. ACTIVE ADULT NO OF UNITS 7. OTHER (DESCRIBE)	al		
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) ,enging and watershed calculations(pre and post), bond estimates, hydrology report, environmental where applicable	neers report including drainage calculations I studies, waiver requests and traffic study		
Preliminary discussions are highly recommended for subdivisions 5 lots & over and for larger Abutters notice receipts (green cards)must be handed in to the Planning Office prior to the more than the property of the more than the property of the property	eeting		
APPLICANTS SIGNATURE Christing Gustavson	DATE <u>9/24/20</u> DATE <u>100</u> 24-20		
OWNER'S SIGNATURE The owner and applicant hereby grant the East Hampton Planning and Zoning Commission and/or it's ato which the application is requested for the purpose of inspection and enforcement of the Zoning Regul	agents permission to enter upon the property		

PLANNING AND ZONING FEE SCHEDULE

Note: Each application requires an additional \$60 fee to be submitted (effective 10/09)	ed to the State	\$ 60.00
SUBDIVISION APPLICATION & CONSERVATION SUBDIVISION		
No. of lotsA fee of \$500 plus the sum of	\$ 150/ lot	
1-5 lots	\$ 150/ lot	
Divide a developer's fee of 20/ of the hand filed few subdivisions as writing with	W	
Plus a developer's fee of 3% of the bond filed for subdivisions requiring pub to be paid at the time bonds are filed with the Town and prior to any constru		
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SITE PLAN REVIEW		
Residential/Commercial	\$ 150	V ₂
Commercial, Industrial, Designed Development: Calculated by total sq ft of in New Construction Square Feet	3	
<u>Less than 3000 Sq Ft</u> 3001 to 5,000 Sq Ft	\$ 150 \$ 250	-
5001 to 10,000 Sq ft	\$ 600	
10,001 to 15,000 Sq ft	\$ 1100	
For every additional 5000 Sq Ft	\$ 500	-
SPECIAL PERMIT		
Special Permit	\$ 15 <u>0</u>	
<u>Commercial, Industrial, Designed Development:</u> Calculated by total sq ft of in New Construction Square Feet	mpervious surface	
Less than 3000 Sq Ft	\$ 150	
Less than 5000Sq Ft	\$ 300	
5001 to 10,000 Sq Ft 10,001 to 15,000Sq Ft	\$ 600 \$ 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	
ZONING OR SUBDIVISION REGULATION TEXT CHANGE	\$ 300	
CHANGE IN ZONING MAP	\$ 500	<u>_x50</u> 0,00
LAKE POCOTOPAUG PROTECTION AREA	\$ 7 <u>5</u>	
APPLICATION FOR MULTI-FAMILY, ACTIVE ADULT AND HOD	\$ 1000	:
Number of unit's Plus the sum of	\$100/unit	
	Total	560.00