

Office Use Only Project ID# Address: MBL:

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) Pre-Application Meeting _ Date of MeetingComplete Application FormComplete Chatham Health District Application FormFee PaidSite Plan (11 Copies) - See Section 9.2.C.2 for specificationsDrainage Calculations in Compliance with Section 7.5Report from Fire MarshalBond Estimates As Required, See Section 9.2.C.2
Special Permit (See Section 9.2 for details) Pre-Application Meeting — Date of MeetingComplete Application Form Complete Chatham Health District Application Form Fee PaidSite Plan (11 Copies) - 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 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:

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



Connecticut Fee Paid Date Check # Rec'd. By 9 Middle Haddam Rd PROJECT NAME APPLICANT JCG PHONE CONTACT PERSON **OWNER** PHONE **EMAIL** SURVEYOR/ENGINEER **ADDRESS ATTORNEY ADDRESS** (application must be completed in FULL in order to be accepted) **APPLICATION TYPE** 1. SUBDIVISION /RESUBDIVISION /CONSERVATION SUBDIVISION NO. OF LOTS 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_	Christine Cysta Bon.	DATE 2/10/2/
OWNER'S SIGNATURE	ECH	DATE 2/1/2/
The owner and applicant herel	by grant the East Hampton Planning and Zoning Commission an	nd/or it's agents permission to enter upon the property
to which the application is requ	uested for the purpose of inspection and enforcement of the Zon	ing Regulations and Subdivision Regulations of the
Town of East Hampton.		Form PZC1 5/20