



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

RECEIVED
AUG 24 2021
TIME Walk-in

PZC _____
Date _____

Fee Paid \$210
Check # 1000
Rec'd. By JSD

LOCATION 201B W High St Unit 1-2 & Unit 3B

MAP ¹² _____ BLK 36 LOT ³ _____

PROJECT NAME Rule of 3 Brewing

ZONE _____

APPLICANT Warren Scott Cross
ADDRESS 39 Chatham Fields Rd

PHONE 860-949-5535
EMAIL scott@ruleof3brewing.com

CONTACT PERSON Warren Scott Cross

PHONE 860-949-5535
EMAIL scott@ruleof3brewing.com

OWNER West High Enterprises LLC
ADDRESS 244 Middletown Avenue, East Hampton CT 06424

PHONE 860-267-6623
EMAIL wayne@randci.com

SURVEYOR/ENGINEER _____
ADDRESS _____

PHONE _____
EMAIL _____

ATTORNEY Pullman & Comley
ADDRESS 90 State House Square, Hartford CT 06103

PHONE 860-541-3306
EMAIL jhawks-ladds@pullman.com

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 8.4.B OF THE ZONING REGS. FOR Brewery/Taproom
- ____ 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 Warren Scott Cross DATE 8/24/2021

OWNER'S SIGNATURE [Signature] DATE 8/24/2021

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.

Form PZC1 5/20

PZC-21-020



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 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
- 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: Wann Scott Cress

Date: 8/24/2021

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

Only Complete Application Packages Will Be Accepted

PLANNING AND ZONING FEE SCHEDULE

Note: Each application requires an additional \$60 fee to be submitted to the State (effective 10/09) \$ 60.00

SUBDIVISION APPLICATION & CONSERVATION SUBDIVISION

No. of lots _____		
A fee of \$500 plus the sum of _____	\$ 150/lot	_____
1-5 lots _____	\$ 150/lot	_____

Plus a developer's fee of 3% of the bond filed for subdivisions requiring public improvements to be paid at the time bonds are filed with the Town and prior to any construction

SITE PLAN REVIEW

Residential/Commercial _____	\$ 150	_____
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Commercial, Industrial, Designed Development: Calculated by total sq ft of impervious surface

New Construction		
Square Feet _____		
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	_____
For every additional 5000 Sq Ft _____	\$ 500	_____

SPECIAL PERMIT

Special Permit _____	\$ 150	150.00
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Commercial, Industrial, Designed Development: Calculated by total sq ft of impervious surface

New Construction		
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>ZONING OR SUBDIVISION REGULATION TEXT CHANGE</u> _____	\$ 300	_____
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<u>CHANGE IN ZONING MAP</u> _____	\$ 500	_____
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<u>LAKE POCOTOPAUG PROTECTION AREA</u> _____	\$ 75	_____
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<u>APPLICATION FOR MULTI-FAMILY, ACTIVE ADULT AND HOD</u> _____	\$ 1000	_____
Number of unit's _____		
Plus the sum of _____	\$100/unit	_____

Total		<u>\$210</u>
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