



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

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PZC -22-001
Date 2/10/2022

Fee Paid 210
Check # 1067
Rec'd. By cg

LOCATION 19 DAY Point Rd East Hampton CT 06424

MAP _____ BLK _____ LOT _____

PROJECT NAME _____

ZONE _____

APPLICANT JOSHUA PAVANO
ADDRESS 19 DAY Point Rd East Hampton CT 06424

PHONE 860-751-8132
EMAIL jpavano@gmail.com

CONTACT PERSON _____

PHONE _____
EMAIL _____

OWNER Joshua Pavano
ADDRESS 19 DAY Pt rd East Hampton CT 06424

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 8.4.M OF THE ZONING REGS. FOR ADU
- 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 _____ DATE 2/8/22

OWNER'S SIGNATURE _____ DATE 2/8/22

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.

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	_____
<u>Commercial, Industrial, Designed Development: Calculated by total sq ft of impervious surface</u>		
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	<u>\$ 150</u>
<u>Commercial, Industrial, Designed Development: Calculated by total sq ft of impervious surface</u>		
New Construction		
Square Feet <u>1,056</u>		
Less than 3000 Sq Ft	\$ 150	_____
Less than 5000 Sq Ft	\$ 300	_____
5001 to 10,000 Sq Ft	\$ 600	_____
10,001 to 15,000 Sq 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	_____

ZONING OR SUBDIVISION REGULATION TEXT CHANGE \$ 300 _____

CHANGE IN ZONING MAP \$ 500 _____

LAKE POCOTOPAUG PROTECTION AREA \$ 75 _____

<u>APPLICATION FOR MULTI-FAMILY, ACTIVE ADULT AND HOD</u>	\$ 1000	_____
Number of unit's _____		
Plus the sum of	\$100/unit	_____

Total \$ 940



EAST HAMPTON PLANNING AND ZONING COMMISSION

THE PROPERTY LOCATED AT: 19 DAY POINT RD

IS THE SUBJECT OF A PUBLIC HEARING BY THE EAST HAMPTON PLANNING AND ZONING COMMISSION ON _____ AT 7:00 P.M. IN THE EAST HAMPTON TOWN HALL, 1 COMMUNITY DR., EAST HAMPTON CT. 06424

THIS PUBLIC HEARING IS TO CONSIDER THE FOLLOWING APPLICATION:

APPLICATION NAME: Joshua Pavano

X SPECIAL PERMIT UNDER SECTION 8.4.M OF THE ZONING REGULATIONS TO Accessory Dwelling Unit

_____ SUBDIVISION/OPENSACE SUBDIVISON NO. OF LOTS _____
TITLE _____

_____ RESUBDIVISION NO. OF LOTS _____
TITLE _____

_____ SITE PLAN APPROVAL TO _____
TITLE _____

_____ LAKE POCOTOPAUG PROTECTION AREA TO _____

_____ ZONE CHANGE FROM _____ TO _____

_____ ZONING REGULATION CHANGE _____

_____ OTHER _____

APPLICATION AND MAPS ARE ON FILE IN THE OFFICE. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE LAND USE OFFICE AT 860--267-7450

Revised 05/13/2020



Request for Environmental Health Services
(effective 7-1-17)

Application # _____ Town East Hampton
 Property Location 19 Day Point Rd Map _____ Block _____ Lot _____
 Applicant Joshua Pavano Daytime Phone 860-751-8132
 Address 19 DAY POINT RD East Hampton CT 06424
 Applicant's Signature [Signature] Date 2/18/2022
 Property Owner Joshua Pavano Daytime Phone 860-751-8132
 Address 19 Day Point Rd East Hampton CT 06424
 Owner's Signature [Signature] Date 2/18/22
 Email Address jpavano@gmail.com

Soil Testing/Per Lot (5 Test Holes)	\$140	\$ _____	_____
B100a Soil Testing	\$75	\$ _____	_____
Additional Test Holes	\$30	\$ _____	_____
Septic Re- inspection Fee (work not ready/ not approved 2 nd request)	\$75	\$ _____	_____
Confirmatory Perc Test in fill	\$75	\$ _____	_____
Site Plan Review/Per Lot	\$125	\$ _____	_____
Engineered Septic Design Review	\$100	\$ _____	_____
Revised Site Plan Review	\$50	\$ _____	_____
Subdivision Review/Per Lot	\$70	\$ _____	_____
Revised Subdivision Plan Review	\$50	\$ _____	_____
Subdivision Review Sewered/Per Lot	\$35	\$ _____	_____
Subdiv. Rev Sewered /Per Lot-Revision	\$35	\$ _____	_____
Water Supply Well Permit	\$110	\$ _____	_____
Well Abandonment	\$75	\$ _____	_____
Central System Exception	\$100	\$ _____	_____
Day Care Inspection	\$95	\$ _____	_____
Barber/Beauty Salons	\$100	\$ _____	_____
Pools Inspection Routine	\$100	\$ _____	_____
Re-Inspection of Public Pool	\$100	\$ _____	_____
Pool Inspection fee late payment (due 60 days after notice)	\$50	\$ _____	_____
Bathing Beaches – Water Sampling/sample	\$20	\$ _____	_____