



Office Use Only

Project ID# P2C-22-006
Address: 27 Salmon Run
MBL: 35/95/7/51

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 4/7/2022
- 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: [Handwritten Signature]

Date: 4/18/2022

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 <u>2</u>	
A fee of \$500 plus the sum of	\$ 150/ lot
<u>1-5 lots</u>	<u>\$ 150/ lot</u>

500
300

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

Commercial, Industrial, Designed Development: Calculated by total sq ft of impervious surface

<u>New Construction</u>	
<u>Square Feet</u>	
<u>Less than 3000 Sq Ft</u>	<u>\$ 150</u>
<u>3001 to 5,000 Sq Ft</u>	<u>\$ 250</u>
<u>5001 to 10,000 Sq ft</u>	<u>\$ 600</u>
<u>10,001 to 15,000 Sq ft</u>	<u>\$ 1100</u>
<u>For every additional 5000 Sq Ft</u>	<u>\$ 500</u>

SPECIAL PERMIT

Special Permit \$ 150

Commercial, Industrial, Designed Development: Calculated by total sq ft of impervious surface

<u>New Construction</u>	
<u>Square Feet</u>	
<u>Less than 3000 Sq Ft</u>	<u>\$ 150</u>
<u>Less than 5000Sq Ft</u>	<u>\$ 300</u>
<u>5001 to 10,000 Sq Ft</u>	<u>\$ 600</u>
<u>10,001 to 15,000Sq Ft</u>	<u>\$ 1100</u>
<u>For every additional 5000 Sq FT</u>	<u>\$ 500</u>

For Special Permits involving Commercial Properties fees increase by \$50

SITE PLAN MODIFICATION

<u>Minor Amendment</u>	<u>\$ 50</u>
<u>Major Amendment</u>	<u>\$ 100</u>

ZONING OR SUBDIVISION REGULATION TEXT CHANGE \$ 300

CHANGE IN ZONING MAP \$ 500

LAKE POCOTOPAUG PROTECTION AREA \$ 75

APPLICATION FOR MULTI-FAMILY, ACTIVE ADULT AND HOD \$ 1000

<u>Number of unit's</u>	
<u>Plus the sum of</u>	<u>\$100/unit</u>

Total

860



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

RECEIVED
APR 16 2022
TIME Walkin

PZC P2C-22-006
Date 4/18/22

Fee Paid 860
Check # 512
Rec'd. By _____

LOCATION LOT 51, SALMON RUN ESTATES

MAP _____ BLK _____ LOT _____

PROJECT NAME RESUBDIVISION OF LOT 51

ZONE R-4

APPLICANT JAMES MARINO (27 Salmon Run)

PHONE 203-887-2499

ADDRESS 41 SMITH ST, E. HAMPTON, CT 06424

EMAIL _____

CONTACT PERSON SAME

PHONE _____

EMAIL _____

OWNER SAME

PHONE _____

ADDRESS _____

EMAIL _____

SURVEYOR/ENGINEER KOR ENTERPRISES, LLC

PHONE 800-234-2300

ADDRESS 30 TARTIA ROAD, E. HAMPTON, CT 06424

EMAIL KOR.ENTRPRISLCSLLC@GMAIL.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 2
- 3. SITE PLAN 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 [Signature]

DATE 4/16/2022

OWNER'S SIGNATURE [Signature]

DATE 4/18/2022

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.

Application # _____



Town: _____

Serving the Towns of Colchester, East Haddam, East Hampton, Hebron, Marlborough & Portland

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<u>Activity</u>	<u>Fee (Cash or Check #)</u>
1. Building Conversion (winterization) or Change in Use (increase in flow or use)	\$65 _____
2. Building Addition	\$65 _____
3. Garages/Accessory Structures (decks, shed >200ft ²), Below or Above Ground Pools	\$50 _____
4. Sewage Disposal Area Preservation (lot splits,	\$65 _____

Address of Property: LOT 51, SALMON RUN, E. HAMPTON, CT 06424

Owner's Name: JAMES MARINO Email address: _____

Phone: (203) 887-2499 Mailing Address: 41 SMITH ST, E. HAMPTON, CT 06424

Applicant Name (if other than owner): SAME Email address: _____

Phone: () Applicant's Mailing Address: _____

Describe (in detail) Proposed Activity: RESUBDIVISION OF LOT #51 INTO 2

LOTS: 51 & 58

Required Information

- Pump Out Report:** Provide a Septic Tank Pump Out Report/Septic Tank Cleaning Report with this Application, no older than 5 years old, from a Chatham Health District (CHD) Registered Cleaner. The Registered Cleaners List and Septic Tank Cleaner Permit (form to be completed by the Registered Cleaner) is located on the CHD website at <https://www.chathamhealth.org/forms-applications>. If the property has a valid CHD Permit to Discharge from the last 5 years, a Septic Tank Cleaning Report is not required. The purpose of the report is to meet the Chatham Health District Wastewater Pumping and Permit to Discharge Regulation and identify any failed or malfunctioning septic systems. Failure to provide a Pump Out Report or Permit to Discharge within the last 5 years will result in denial of applications under Section 19-13-B100a and the CHD Regulation, until said items are submitted and approved.
- Plot Plan:** Applicant must attach a detailed drawing showing property lines and dimensions, exact location and size of existing and proposed structures, including accessory structures, and all site features. Features such as driveways, well and septic system(s), drains and watercourses along with soil and percolation data and Code Complying Area (area where the system could be replaced) must all be included.
- Building Plan:** Attach a sketch/floor plan of the existing and proposed structure(s), addition(s) and/or renovation(s) with all rooms labeled according to their existing and proposed designated use.

Note: Soil test data [test pit(s) and/or percolation test(s)] is **required** for the review of this application. *If soil data is not available on file for this application, you will need to schedule an appointment with the Health District for soil test data collection.* Please provide the proper equipment to conduct the soil test data collection (i.e. machine to excavate test pit(s) and water to conduct percolation test(s)). An additional fee is required for this testing. Please schedule soil test data collection as soon as possible to avoid delays in processing your application.

Owner or Applicant Signature: _____ Date: 4/10/2022