



Office Use Only

Project ID# P2C-22-010
 Address: Edgewater Circle
 MBL: 10A/85/5C

PLANNING & ZONING COMMISSION
 TOWN OF EAST HAMPTON

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**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 11-17-2022
- 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 **Not Required**
- Bond Estimates As Required, See Section 9.2.C.2

CT Water is regulated by State of CT DPH. Chatham defers to CT DPH. This project has been submitted to DPH for their review.

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: *Alan M. Wing* Date: 11-18-2022

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 22-010
Date 11/29/22

Fee Paid
Check # 1192 \$ 435.00
Rec'd. By [Signature]

LOCATION 213 Edgewater Circle

MAP 10A BLK 85 LOT 5C

PROJECT NAME Edgewater Well Metering Building

ZONE MUDD

APPLICANT Connecticut Water Company
ADDRESS 93 W. Main St., Clinton, CT 06413

PHONE _____
EMAIL _____

CONTACT PERSON Adam M. Wing, P.E.

PHONE 860-304-7457
EMAIL adam.wing@ctwater.com

OWNER Edgewater Hill Enterprises LLC
ADDRESS 138 East High St., East Hampton, CT 06424

PHONE _____
EMAIL _____

SURVEYOR/ENGINEER Weston & Sampson Engineers, Inc.
ADDRESS 712 Brook St., Suite 103, Rocky Hill, CT 06067

PHONE 860-513-1473
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 _____ 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 11-18-2022

OWNER'S SIGNATURE [Signature] DATE 11/29/22

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

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

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

New Construction

Square Feet _____

Less than 3000 Sq Ft _____ \$ 150

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 MODIFICAT ION

Minor Amendment _____ \$ 50

Major Amendment _____ \$ 100

ZONING OR SUBDIVISION REGULATION TEXT CHANGE _____ \$ 300

CHANGE IN ZONING MAP _____ \$ 500

LAKE POCOTOPAUG PROTECTION AREA _____ \$ 75

75

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

Number of unit's _____

Plus the sum of _____ \$100/unit

Total

435