



TOWN OF EAST HAMPTON
Planning and Zoning Commission
1-860-267-9601
www.easthamptonct.gov

RECEIVED
JUN 14 2019
TIME _____

PZC PZC-19-011
Date 6/14/19

For: Special Permit

Fee Paid \$1160.⁰⁰
Check # 565
Rec'd. By CC

LOCATION 49 Oakum Dock Road

MAP 02 BLK 9A LOT 2

PROJECT NAME St. Clement's Castle/Ronacalli Institute, Inc. Zone Change and Special Permit Application

ZONE R-2/C

APPLICANT Ronacalli Institute Inc.
ADDRESS 1931 Portland-Cobalt Rd., PO Box 427, Portland, CT 06480

PHONE 860-342-0593

EMAIL _____

CONTACT PERSON Peter Callan

PHONE 860-342-0593

EMAIL Peter@Lanternenergy.net

OWNER Ronacalli Institute Inc.
ADDRESS 1931 Portland-Cobalt Rd., PO Box 427, Portland, CT 06480

PHONE 860-342-0593

EMAIL _____

SURVEYOR/ENGINEER Dutch & Associates
ADDRESS 392 South Main Street, Colchester, CT

PHONE 860-537-3465

EMAIL dutchassociates@sbcglobal.net

ATTORNEY Melissa S. Harris, Stanger Stanfield Law, LLC
ADDRESS 433 South Main Street, West Hartford, CT

PHONE 860-561-0651

EMAIL MHarris@StangerLaw.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 5.2C2
- ☐ 4. SPECIAL PERMIT---SECTION _____ OF THE ZONING REGS. FOR _____
- ☒ 5. ZONE CHANGE---FROM R-2/C TO C
- ☐ 6. AMENDMENT TO ZONING REGULATIONS _____
- ☐ 7. LAKE POCOTOPAUG PROTECTION AREA _____
- ☐ 8. ACTIVE ADULT NO OF UNITS _____
- ☒ 7. OTHER (DESCRIBE) CT River Protection Zone

APPLICATION REQUIREMENTS: This application and 10 sets of plans shall be submitted to the Planning 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 6/13/19

OWNER'S SIGNATURE [Signature] DATE 6/13/19

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

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

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

Number of unit's _____

Plus the sum of _____ \$100/unit

Total

\$ 860

\$ 1,160



EAST HAMPTON PLANNING AND ZONING COMMISSION

THE PROPERTY LOCATED AT: 49 Oakum Dock Road

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, 20 EAST HIGH STREET, EAST HAMPTON CT 06424.

THIS PUBLIC HEARING IS TO CONSIDER THE FOLLOWING APPLICATION:

APPLICATION NAME: St. Clement's Castle/Ronacalli Institute, Inc., Zone Change and Special Permit

X Application
SPECIAL PERMIT UNDER SECTION 5.2C2 OF THE ZONING REGULATIONS TO Construct/Re-Build Assembly Hall

 SUBDIVISION/OPENSOURCE SUBDIVISION NO. OF LOTS
TITLE

 RESUBDIVISION NO. OF LOTS
TITLE

 SITE PLAN APPROVAL TO
TITLE

 LAKE POCOTOPAUG PROTECTION AREA TO

X ZONE CHANGE FROM R2/C TO C

 ZONING REGULATION CHANGE

 OTHER

APPLICATION AND MAPS ARE ON FILE IN THE TOWN PLANNERS OFFICE. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE PLANNING OFFICE AT 860--267-9601

Revised 04/30/2017



Office Use Only

Project ID# _____
Address: _____
MBL: _____

PLANNING & ZONING COMMISSION
TOWN OF EAST HAMPTON
JUN 14 2019

**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 5/9/19, 6/13/19
- ___ 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 5/9/19, 6/13/19
- ___ 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: [Signature]

Date: 6/13/19

The Commission reserves the right to add additional requirements in accordance with the Regulations.
Only Complete Application Packages Will Be Accepted