



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

PZC-19-
PZC _____
Date 7/23/19

Fee Paid \$ 710.00 CASH
Check # _____
Rec'd. By CC

LOCATION 27 FLANDERS Rd

MAP 26 BLK 85 LOT 31

PROJECT NAME IN-LAW APARTMENT

ZONE _____

APPLICANT KELLIE GOSSELIN
ADDRESS 27 FLANDERS Rd

PHONE 860 398 0534
EMAIL JEFFKELLIE@COMCAST.NET

CONTACT PERSON JEFF GOSSELIN

PHONE _____
EMAIL _____

OWNER CARL GUSTAFSON, KELLIE GOSSELIN
ADDRESS 27 FLANDERS Rd

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 _____
- 2. SITE PLAN MODIFICATION Residential Commercial _____
- X 4. SPECIAL PERMIT---SECTION 8.4.M OF THE ZONING REGS. FOR _____
- X 5. ZONE CHANGE---FROM R-4 TO R-1
- 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 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 into the Planning Office prior to the meeting

APPLICANTS SIGNATURE *Kellie Gosselin* DATE 6/18/2019

OWNER'S SIGNATURE *Carl Gustafson* DATE 6/18/2019

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.



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: _____

Date: 7/23/19

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

Only Complete Application Packages Will Be Accepted

Zone A
R4-R1
Spec. Permit