



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

PZC PZC-19-019
Date 9-12-19

Fee Paid \$ 810.00
Check # 26037
Rec'd. By CC

LOCATION 35 West Point Road

MAP 5A BLK 84 LOT 1

PROJECT NAME n/a

ZONE R-1

APPLICANT American Equities V, LLC
ADDRESS 31 East High Street, East Hampton, CT 06424

PHONE 860.267.4444
EMAIL mboule@americandistilling.com

CONTACT PERSON Mr. Mike Boule

PHONE 860.267.4444
EMAIL mboule@americandistilling.com

OWNER American Equities V, LLC
ADDRESS 31 East High Street, East Hampton, CT 06424

PHONE 860.267.4444
EMAIL mboule@americandistilling.com

SURVEYOR/ENGINEER Patrick Benjamin P.E. #19,907
ADDRESS PO Box 686, Durham, CT 06422

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ATTORNEY Michael Boiczuk, Esq.
ADDRESS Weber and Carrier LLP, 24 Cedar Street, New Britain, CT, 06052

PHONE 860-225-9463
EMAIL 860-225-3426

APPLICATION TYPE (application must be completed in FULL in order to be accepted)

- 1. SUBDIVISION /RESUBDIVISION /CONSERVATION SUBDIVISION NO. OF LOTS
X 3. SITE PLAN X MODIFICATION Residential Commercial X
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 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 X 9-10-19

OWNER'S SIGNATURE [Signature] DATE X 9-10-19

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	<u>\$150</u>
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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	<u>\$600</u>
10,001 to 15,000 Sq ft _____	\$ 1100	_____
For every additional 5000 Sq Ft _____	\$ 500	_____

**SPECIAL PERMIT**

Special Permit _____	\$ 150	_____
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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 MODIFICAT ION**

Minor Amendment _____	\$ 50	_____
Major Amendment _____	\$ 100	_____

<u>ZONING OR SUBDIVISION REGULATION TEXT CHANGE</u> _____	\$ 300	_____
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<u>CHANGE IN ZONING MAP</u> _____	\$ 500	_____
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<u>LAKE POCOTOPAUG PROTECTION AREA</u> _____	\$ 75	_____
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<u>APPLICATION FOR MULTI-FAMILY, ACTIVE ADULT AND HOD</u> _____	\$ 1000	_____
Number of unit's _____		
Plus the sum of _____	\$100/unit	_____

<b>Total</b>		<u>\$810</u>
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270 9102019-2



**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.

**X Site Plan Review/Modification (See Section 9.1 for details)**

- Pre-Application Meeting – Date of Meeting 9.3.19
- 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 \_\_\_\_\_
- 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:** X [Signature] **Date:** X 9-10-19

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