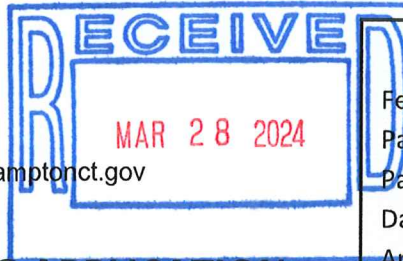




Town of East Hampton
 Land Use Department
 1 Community Drive, Suite 106
 East Hampton, CT 06424
 (860) 267-7450

www.easthamptonct.gov



For Office Use Only

Fee: \$ 25-
 Paid Cash
 Paid Check # 5331
 Date Paid: _____
 App #: Z - 24-050

ZONING APPLICATION

Property Location

(Please Complete All)

Street Address of Parcel: 201 West High
 Map 12 Block 36 Lot 311 Current Use: _____ Zone: C
 Acres: _____ Square Feet: _____ Sewer Septic Unknown

Property Owner

Applicant

Name: <u>West High Enterprises</u>	Name: <u>West High Enterprises</u>
Address: <u>244 Middletown AVE</u>	Address: <u>244 Middletown AVE</u>
Telephone: <u>860-267-6623</u>	Telephone: <u>860-267-6623</u>
Email: <u>Wayne@RandCI.com</u>	Email: <u>Wayne@RandCI.com</u>

Work Proposed

(Check One)

- | | | |
|---|--|---|
| <input type="radio"/> New Principle Structure (\$100) | <input type="radio"/> Swimming Pool (\$25) | <input type="radio"/> Grading/Filling/Excavating (\$25) |
| <input type="radio"/> New Accessory Structure (\$50) | <input type="radio"/> LP Tank (\$25) | <input type="radio"/> Small Shed (<200 Sq.Ft.) (\$25) |
| <input type="radio"/> Addition (\$75) | <input type="radio"/> Deck (\$25) | <input type="radio"/> Other (\$25) |
| <input checked="" type="radio"/> Map - Lot Line Revision (\$25) | <input type="radio"/> Map - First Cut Lot Split (\$40) | |

Description of Work: Lot Line Revision

Dimensions: _____ x _____ Overall Height: (Feet) _____ Total Area (SF): _____

Other Approvals Received

(Check Any That Apply)

- | | |
|---|----------------------------|
| <input type="radio"/> Chatham Health District | Date Issued: _____ |
| <input type="radio"/> Variance | Date Issued: _____ |
| <input type="radio"/> Wetlands Permit | Date Issued: _____ |
| <input type="radio"/> Special Permit | Date Issued: _____ |
| <input checked="" type="radio"/> Site Plan Approval | Date Issued: <u>3/1/24</u> |

LOT LINE ADJUSTMENT'S
 COMPLIANT WITH ALL
 APPLICABLE REGULATIONS

SITE PLAN MUST BE SUBMITTED AT TIME OF APPLICATION

THE ZEO RESERVES THE RIGHT TO REQUIRE AN AS-BUILT SURVEY AS A CONDITION OF ANY APPROVAL ISSUED
 ANY FALSE STATEMENT OR ANY APPROVALS GAINED BY SUCH STATEMENT WILL RENDER APPROVAL NULL & VOID

[Signature]
 INTERIM
 PLANNER

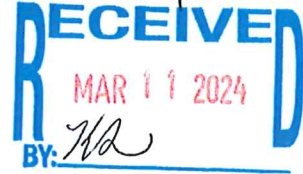
4652-24-070
Application # _____



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

19-13-B100a Application Page 1

Town: East Hampton



Activity

1. Building Conversion (winterization) or Change in Use (increase in flow or use)
2. Building Addition
3. Garages/Accessory Structures (decks, shed $\geq 200\text{ft}^2$), Below or Above Ground Pools
4. Sewage Disposal Area Preservation (lot splits,

Fee (Cash or Check #)

\$75 5319

Address of Property: 201 West High Street East Hampton

Owner's Name: West High Enterprises, LLC Email address: Wayne@randci.com

Phone: (860) 267-6623 Mailing Address: 244 Middletown Ave, East Hampton 06424

Applicant Name (if other than owner): (same) Email address: Wayne@randci.com

Phone: (860) 267-6623 Applicant's Mailing Address: 244 Middle town AVE E. Hampton

Describe (in detail) Proposed Activity: Modify existing septic system serving 201 West High Street (Building A) to accommodate lot line revision and conform to required separating distances.

Required Information

1. **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.
2. **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.
3. **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: 3/10/24

CHATHAM HEALTH DISTRICT
19-13-B100a Review Page 2

For Office Use ONLY: Answer all pertinent questions and complete Calculation Summary section.

1. Building Conversion, Change in Use:

- a. Does a Code-Complying Area exist? Yes No
- b. Is there More than a 50% increase in the design flow? Yes No

2. Building Addition:

- a. Does a Code-Complying Area exist? Yes No
- b. Does the size of the replacement system shown on the design plan or sketch provide a minimum of 50% of the required effective leaching area per the Technical Standards? Yes No
- c. Does the size of the replacement system shown provide a minimum of 50% of the required Minimum Leaching System Spread (MLSS) per the Technical Standards? Yes No
- d. Does the proposed design require an exception to Section 19-14-B103d (a) (3) of the Regulations of Connecticut State Agencies, regarding separation distances to wells? Yes No
- e. Does the addition reduce the potential repair area? Yes No
- f. Does the addition increase the design flow of the building? Yes No
- g. Is there more than a 50% increase in the design flow? Yes No
- h. Does the separation distance with Table 1 in Section II of the Technical Standards? Yes No

3. Garages/Accessory Structures, Below or Above Ground Pools:

- a. Does a Code-Complying Area exist? Yes No
- b. Does the structure reduce the potential repair area? Yes No
- c. Does the separation distance comply with Table 1 in the Technical Standards? Yes No

4. Sewage Disposal Area Preservation:

- a. Does a Code-Complying Area exist? Yes No
- b. Does the relocated lot line violate Subsection (d) of Section 19-13-B103d of the Regulations of the Connecticut State Agencies that requires that each subsurface sewage disposal system shall be located on the same lot as the building served? Yes No

Calculation Summary

Septic Tank Pumped Out Report submitted or Up-to-date Permit to Discharge on file: Yes No *December 20 23*

Effective Leaching Area calculations attached/done: Yes No

Effective Leaching Area calculations: For Building "A" 125 sq ft
(Remaining provided)

MLSS calculations attached/done: Yes No N/A

MLSS calculations: HF: 54 FF: 150/30 PF: 1.25 MLSS: 33.75

Code Complying Area/PRA design plans or sketch attached or on file: Yes No

Confirmatory soil testing required: Yes No

Soil testing attached or on file: Yes No

Approved: Elizabeth Davidson Yes No

Reviewed by: Ed Dardar Title: RS Date: 3/28/24

Comments: Cannot approve until system Relocated/abandoned, -3/21/24
installer to take out permit and implement plan (B100a dated 6.10.12)

*Last Revised 3.10.24
 Rev 6/14/23
 by Robert Buttrick P.E.*