TOWN OF ESSEX LAND USE APPLICATION PART ONE

PLEASE CHECK THE APPROPRIATE LINE(S) AND ATTACH THE APPROPRIATE APPLICATION(S):

SPECIAL EXCEPTION		VARIANCE/ APPEAL	
SITE PLAN REVIEW	\checkmark	APPROVAL OF LOCATION	
INLAND WETLANDS PERMIT		REGULATION TEXT AMENDMENT	
INLAND WETLANDS PERMIT - AGENT APPROVAL		ZONE CHANGE	
- AGENT APPROVAL		COASTAL SITE PLAN REVIEW	
SUBDIVISION OR RESUBDIVISION		MODIFICATION OF PRIOR APPROVAL	
LOT LINE REVISION		SPECIAL FLOOD HAZARD AREA PERMIT	

PROJECT DESCRIPTION:

The applicant is proposing to construct a 1 1/2-story detached garage, modify the existing driveway as necessary and other associated improvements. There is currently an existing 1 story, 3-bedroom, year-round dwelling and the applicant received health, zoning and wetlands approvals in fall 2019 for the presently on-going construction. The proposed detached garage will have no heat, no plumbing and no habitable space and will be entirely outside of FEMA Flood Hazard Zone AE (El. 10).

PROJECT NAME: 7 Hanna Lane Detached Garage

STREET ADDRESS OF PROPERTY 7 Hanna Lane

ASSESSOR'S MAP 28 LOT 54 LOT SIZE 73,500+/- s.f. DISTRICT VR

APPLICANT Peter Williams

590 Madison Ave., FL 15, New York, NY 10022 PHONE (646) 361-5785

APPLICANT'S AGENT (if any) Joe Wren, P.E. (Indigo Land Design, LLC) 40 Elm Street, 2nd Floor, Old Saybrook, CT 06475 PHONE (860) 388-9343

ENGINEER.SURVEYOR/ARCHITECT < Engineer same as Applicant's Agent>

PHONE

Note:

1) TO BE ACCEPTED BY THE LAND USE OFFICE. THIS APPLICATION MUST BE COMPLETED, SIGNED, AND SUBMITTED WITH THE REQUIRED FEE(S) AND MAP(S) PREPARED IN ACCORDANCE WITH THE APPLICABLE REGULATIONS. 2) THE SUBMITTAL OF THIS APPLICATION CONSTITUTES THE PROPERTY OWNER'S PERMISSION FOR THE COMMISSION OR ITS STAFF TO ENTER THE PROPERTY FOR THE PURPOSE OF INSPECTION.



TOWN OF ESSEXZoning CommissionMake c29 West AvenueEssex, CT 06426860-767-4340 x 115Fax: 860-767-8509www.essexct.gov

Application for Site Plan Review PART TWO

Owner(s) of Property : Peter Williams				
Address):	590 Madison Ave.	FL15, New York NY 10022		
Phone No.: 6	646-361-5785	Email: whit.williams@gmail.com		

The Commission is authorized to grant a site plan approval for the use and/or improvement herein proposed by the provisions of Section ______ of the Essex Zoning Regulations.

Accompanying this application form is:

- A) A complete and comprehensive statement describing the proposed changes in use and/or improvements for which the amendment is requested;
- B) A complete legal description of the premises involved, identifying boundaries by metes and bounds or by courses and distances;
- C) A list of names and addresses, with Tax Map and Tax Lot Numbers of owners of all land abutting, and directly across the street from the land to which this application relates and;
- D) A Site Development Plans prepared or approved by a registered professional engineer or surveyor showing all information required to determine the compliance with the Zoning Regulations including lot area, distances of improvements from lot lines, area coverage, and building height.

I/We, the undersigned, certify that all the information on this application, including all accompanying documents, is correct as of the date below, and conforms with Town's zoning regulations. I/ We certify that I/ We am/are the owner(s) of the premises described above, and are aware of and understand the above referenced zoning regulations.

FOR OFFICIAL USE ONLY:	Signed:			
Application No Date received by ZEO:	Dated: 5/14/2020			

application for special exception

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Appendix A

Application Checklist for Site Plan Review

This checklist is to be completed by the applicant(s) and submitted to the Commission along with a completed application for Site Plan Review. Information should also appear on the site development plan and within the support documents as appropriate. No section may be left incomplete. Where no area in the "waiver" category is provided for check-off, submission of information is always mandatory.

Waiver(s) may be granted by the Commission pursuant to Section 118A.3. for the furnishing of item(s) of information in which the Commission finds that such item(s) are not relevant to the proper disposition of an application. Such waiver(s) are limited to the furnishing of said information and do not include a request for delay in time to submit necessary items.

Nothing in this section shall prohibit an applicant(s) from requesting a waiver(s) in advance of submitting an application for Site Plan Review to the Commission.

This checklist shall be complete when signed and dated by the applicant(s) where such signatures and date shall be entered no later than the actual date of the submission of said application.

SECTION NO.	DESCRIPTION		PROVIDED		
100.			No	N/A	REQUEST
120A.1	Owner	YES			
120A.2	Purchaser Owner's written consent			\checkmark	
120A.3	Lessee Owner's written consent			\checkmark	
120B	Application Documents- 15 copies	\checkmark			
120C.1	Description of Premises	\checkmark			
120C.2	List of Neighboring Owners	\checkmark			
120C.3	Statement of Use			\checkmark	
120C.4	Site Development Plan	\checkmark		•	
120C.4.a	Owner / Applicant Name	\checkmark			
120C.4.b	Plan Data	\checkmark			
120C.4.c	Roadways			\checkmark	
120C.4.d	Survey Monuments	\checkmark			
120C.4.e	Municipal / District Boundaries			\checkmark	
120C.4.f	Easements / R-O-W / etc.	\checkmark			
120C.4.g	Wetlands and Watercourses	\checkmark			
120C.4.h	Total Premise Area Use	, v		<i>\</i>	
120C.4.i	Building / Lot Coverage	\checkmark		v	
120C.4.j	Location / Setback Data	\checkmark			
120C.4.k	Building / Structure Dimension				
	Signs and Lighting	\checkmark			
120C.4.I	Roadways and Parking			\checkmark	
120C.4.m	Infrastructure Data			\checkmark	
120C.4.n	Access / Soil / etc.				
120C.4.o	Water Supply / Septic Systems			\checkmark	
120C.4.p	Land Contours / Topography			•	
	(1 foot intervals)	\checkmark			
120C.4.q	Wetlands / Watercourses	\checkmark			
120C.4.r	Soils Classifications			\checkmark	
120C.4.s	Grading / Filling Limits / Erosion and				
	Sediment Control	\checkmark			
120C.4.t	Special Flood Hazard Area	\checkmark			
120C.4.u	Floor Area / Parking Calculations /				
	Parking Spaces per section .110			\checkmark	
120C.5	Sanitation Letter & Data				
	(see note below)	\checkmark			
120C.6	Multiple Dwelling Projects			\checkmark	
120C.7	Non-Commercial Timber Cutting			\checkmark	
120C.8	Waiver Requests (written)			\checkmark	
120D	Maps, Drawings, Certification	\checkmark			
101	Gateway Conservation District	\checkmark			
102	Coastal Management District	\checkmark			
103	Flood Plain District	\checkmark			
104	Water Resource District			\checkmark	
	Application submitted to town Director of				
	Health or Town Sanitarian for review	\checkmark			

NOTE: A SIGN IS REQUIRED TO BE POSTED ON THE PREMISES RE: SECTION 118A.6. STANDARDS OF THE ZONING REGULATIONS AS FOLLOWS:

118C. <u>TIME LIMITS.</u> The commission may, but is not required, to hold a public hearing on an application for site plan approval, and shall hold a public hearing only if it determines that the application is of considerable public interest. If no public hearing is held, the commission may, in its discretion, allow written or oral comment from interested parties at or prior to a meeting of the commission to consider the application. If a public hearing is conducted, legal notice thereof shall be provided as required by statute. Whether or not a public hearing is held on the application, the commission shall render its decision on such application within sixty-five days of receipt thereof, except that, the applicant may consent to one or more extensions of such period, provided the total period of any such extension or extensions shall not exceed sixty-five days or may withdraw such application.

If an application involves an activity regulated pursuant to Connecticut General Statutes Section 22a-36 to 22a-45, inclusive, (inland wetlands and watercourses) and the time for a decision by the commission established pursuant to this section would elapse prior to the thirty-fifth day after a decision by the inland wetlands agency, the time period for a decision shall be extended to thirty-five days after the decision of such agency, and the commission shall consider the decision of such agency. The provisions of this subsection shall not be construed to apply to any extension consented to by an applicant or petitioner.

Not less than fifteen days prior to the commencement of the regular meeting or public hearing, the applicant shall post a notice of the hearing on the property involved. Said notice shall be in the form of a freestanding sign, facing each adjacent public street, placed no more than thirty feet (30') from the public right-of-way and shall be clearly legible from the public street. Said sign shall be produced of weather resistant material, shall be legibly lettered with a minimum letter size of two inches (2"). The sign shall not be greater than twelve square feet (12 sq. ft.).

The sign shall contain the following text:

"Application pending on this property before the Zoning Commission for Site Plan approval for which a regular meeting is being held:

Time: Date: Place: Town Hall, 29 West Avenue, Essex, CT 06426 For more information, call (860)767-4340 (or as said number is changed from time to time).

Said sign shall not be removed until after the public hearing has concluded. (August 1, 2007)

Note: If no required sanitary letter and data accompanies this application, a complete application shall be submitted to the Town Director of Health or the Town Sanitarian for review no later than the date of this completed application is received by the Commission. A letter from the Town Director of Health of the Town Sanitarian, along with a complete application, shall be filed in the office of the Town Clerk at least ten (10) days prior to the scheduled public hearing.

This checklist is a guide to assist the applicant(s). It does not relieve the applicant from the responsibility of being familiar with the Town of Essex Zoning Regulations and submitting a complete application.

Where the submission of information for a particular special exception application does not apply, the response in the 'provided' column may be checked off as "no" and such information shall not be required.

Signature of Property Owner				
IIII				
- flCf.				

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Date: _____5/14/2020

Subject Property	roperty					
₽	Site Address	Owner Name	Owner Address	Owner City	Owner City Owner State Owner Zip	Owner Zip
28-054	7 HANNA LA	WILLIAMS PETER	7 HANNA LA	ESSEX	ст	06426
Abutting Properties	roperties					
<u>0</u>	Site Address	Owner Name	Owner Address	Owner City	Owner State	Owner Zip
28-055	10 HANNA LA	MILLARD RICHARD T & CATHERINE M	10 HANNA LA	ESSEX	ст	06426
28-051	12 NEW CITY ST	BECCARO WILLIAM P	12 NEW CITY ST	ESSEX	ст	06426
28-066	10 NEW CITY ST	JACOBSEN GLENN H & MELISSA B	10 NEW CITY ST	ESSEX	ст	06426
28-060	55 NORTH MAIN ST SX	55 NORTH MAIN ST SX ABELES HAROLD F & HAFELI MARY C	55 NORTH MAIN ST SX	ESSEX	ст	06426
28-052	18 NEW CITY ST	VAN DEURSEN GARY E & ALICE A	18 NEW CITY ST	ESSEX	ст	06426
28-059	51 NORTH MAIN ST SX	51 NORTH MAIN ST SX SMITH GEOFFREY T & GERRI L	51 NORTH MAIN ST	ESSEX	ст	06426
28-058	49 NORTH MAIN ST SX	49 NORTH MAIN ST SX LOUTIT DOUGLAS M & JADA C	49 NORTH MAIN ST SX	ESSEX	ст	06426
28-057	6 HANNA LA	FECZKO JOSEPH M & GLEICHER LEIGHTON K	234 EAST 49TH STREET	NEW YORK	N≺	10017
28-051-01	16 NEW CITY ST	SAXE MICHAEL & ANDREA SCHAFFNER	16 NEW CITY ST	ESSEX	ст	06426
28-043	NEW CITY ST	PALMER MUIR TRUSTEE ET AL	24 NEW CITY ST	ESSEX	ст	06426
28-053	24 NEW CITY ST	PALMER WILLIAM L JR ET AL	24 NEW CITY ST	ESSEX	СТ	06426



29 West Avenue Essex, Connecticut 06426	Essex Health Department www.essexct.gov	Phone: 860-767-4340 x118 Fax: 860-767-2019		
B	100a – Plan Review Applic	ation		
Fees: X Additions/Renovations \$ 50.00 Accessory Structures, Pools \$ 25 Subdivision/Preliminary Septic R				
Street Location 7 Hanna Lane		Map 28 Lot 54		
Property Owner Name Peter Willia Mailing Address 590 Madison	ams 1 Ave. FL15, NY NY 10022	Phone 646-361-5785 Email Williams@pennantpark.com		
Applicant Name Joe Wren, PE Mailing Address 40 Elm Street, 2r License # (if applicable) PEN.002109		Phone860-388-9343Emailjwren@indigo-land.comLicense Exp. Date1/31/2021		
I hereby request Hea	alth Department approval of a	plan to: (check all that apply)		
 Build an addition or renovate an explanation increase the number of bedrooms Increase habitable space in the explanation increase the number of employee Change the use of an existing build increase water usage due to: Construct or Increase the size 	from to	<pre>renovation will: Increase lot coverage by</pre>		
	 erved by a water supply and the use is incide Open Deck/Porch Three-season/Sun Room Other accessory building ty 	dental to residential or non-residential buildings. sq. ft. In-ground pool sq. ft. Above-ground pool		
Preliminary Review of Septic System				
Existing lot: with septic w Provide a brief description of the proje	ithout septic (vacant land)	Create subdivision with (#) of lots		
The applicant is proposing to construct a 2-stor	y detached garage, modify the existing d ar-round dwelling on the western portic	driveway and other associated improvements. There is on of the property and a building addition and other (see site plan).		
The following information	must be provided with this ap	plication: (check attached documents)		
X Site plan layout showing the property of the existing septic system (tank &		sed addition/modification, size and location er line.		
x Existing septic layout (As-Built)	No septic records available	X Soil test data (if available)		
X Current septic pump-out report	Date of pump-out: 6/18/19	Pumper Name: Monoflo		
I H:\- Forms\Health Dept Permit Applications\Plan Review B	100a.docx	Rev. 5/2017		

e. E 29 West AvenueEssex Health DepartmentEssex, Connecticut 06426www.essexct.gov

100 11

Health Dept.	Review & Appi For office use o		0a Plan	
Street Location		Мар	Lot	
Preliminary Review of New Construction	on or Subdivision:	Yes N	o Plan Date:	
Existing Septic System Information:				
Lot Size:	AS-BUILT on file?	Yes N	0 🔲 N/A	
Installation Date:	Installer:		License #:	
Septic Design Size:	Tank Size:		S.F. Provided:	
Leaching system (describe):			S.F. Required:	
NOTES:				
B100a Septic System Requirements		Irrig	ation System 🗌 N/A	
Does the septic system meet B100a requireme	ents? Yes	No Do ir	rigation lines meet separation	
Has a Code Complying Area been determ	ined? Yes	No distar	nce requirements? 🗌 Yes 🗌 No	
If NO, has a repair area been determin	ned? Yes	No		
Is a repair/modification required?	Yes	No		
Soil Test:				
Date of soil test:	Perc Te	st Result:	min/inch	
Is additional soil test needed?	No MLSS:			
Testing used from another property locate	ed at:			
			a for septic system that meets all oct the Health Department.	
Approved with the following modifications of the existing septic system:				
Preliminary approval for septic design (new construction):			
Approved with no modification of the ex	isting septic system			
Signature: Director of Health, Registered Sanitarian o	or Authorized Agent	Date:		
Application #	Date	Fee P	aid (check #)	

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Rev. 5/2017

1.

Name:

Site Address:

Mail Address:

Management Level:

Service Provider ID:000001Service Provider:Monoflo Septic Tank CompanyReport Filed By:Lisa Fasulo

Component that was pumped, inspected or maintained:

1: Conventional Septic System

Septic/Holdin	g Tank Gallons Pumped:	1250	
Total Gallons Pumped:		1250	
Last Rep	ort Dates	Lid Depth	
Inspection:	None Filed	Septic Tank:	
Maintenance	e: None Filed	Lift Tank / Siphon Chamber	
Pump:	6/18/2019	Aeration Unit:	
Date & Time	Serviced:	6/18/2019	
Date & Time	Disposed:	6/18/2019	
Disposal Loca	ation:	Deep River Lagoons	
Gallons Dispo	osed:	1250	
Waste Type:		None Selected	
Conventiona	l Septic System Questions		
Reason for P	umpout:	 Routine Repair PROBLEM Property Transfer Filter Clogged 	
Structures Se	rviced:	 Tank #1 Tank #2 Dry Well Galleries 	

□ Cesspool □ Grease Trap

James L & Coral L Rawn 7 HANNA LA Essex, CT 7 Hanna La Essex, CT

Tank #1 level:	
Tank #2 level:	▼
Septic tank #1 size: (inside measurements)	Length(in)
	x Width(in)
	x Depth(in)
	=
Septic tank #2 size: (inside measurements)	Length(in)
	x Width(in)
	x Depth(in)
	=
Tank #1	Scum Depth(in)
	Sludge Depth(in)
Tank #2	Scum Depth(in)
	Sludge Depth(in)
Intlet Baffle:	OK Needs Repair
Outlet Baffle:	□ OK □ Needs Repair
Outlet Filter:	□ Yes □ No □ Cleaned
Riser Needed:	O Yes O No
Observations:	 Effluent Runback Surface Breakout Plumbing Backup Other
Comments:	(1024 character limit!)

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