



ORIGINAL

APPLICATION FOR A SPECIAL PERMIT

RECEIVED
Town of Cheshire
FEB 08 2021

Planning Dept

Pursuant to the Zoning Regulations of the Town of Cheshire, as amended, the undersigned makes application for a Special Permit for the property described below:

STREET ADDRESS 286 Industrial Ave

*APPROX. NO. OF ACRES 1 1/4 ZONE I-I
(*See attached checklist for over 5 acres)

ASSESSOR'S MAP NO. (s) 27 LOT NO. (s) 142

APPLICABLE SECTION(S) OF ZONING REGULATION _____

DESCRIPTION OF PROJECT/INTENDED USE _____
Church

The following items, as required by Section 40.2, are attached (unless waived by the Planning and Zoning Commission:

- (1) 6 copies of a Site Plan, drawn to a scale of not more than 100 feet to the inch, showing existing and proposed grade contours, property lines, the names and addresses of all abutting owners including those across any street determined from the Assessor's records, building, structures, signs, outdoor illumination, streets, driveways, off-street parking and loading spaces, outside storage areas, water courses, storm drainage, sewage disposal facilities, and water supply facilities. State law requires certain information to be complied and certified by licensed professionals.
- (2) 6 copies of preliminary architectural plans of all proposed buildings, structure and signs, including general exterior elevations, perspective drawings and generalized floor plans and including drawings for proposed signs.
- (3) 6 copies of a detailed landscaping plan drawn to a scale of not more than one inch equals one hundred feet, including a plot plan showing: the name and planting size of trees and shrubs, basic contours lawn areas, natural terrain not to be disturbed, and magnetic north. In addition, such plan shall include a planting key listing trees and shrubs with planting size.
- (4) Sanitation Certificate accompanied by Engineer's Report, WPCA approval, or Feasibility letter.

(Over)

S _____

BASE FEE: Residential \$235.00* plus \$175.00 Public Hearing Fee: \$ 410.00
Business \$360.00* plus \$175.00 Public Hearing Fee: \$ 535.00
+ Additions or new buildings of 5,000 sq. ft. or greater shall add an additional fee of \$.05 per sq. ft. of entire building.

*(Includes \$60.00 State of Connecticut fee)

(6) In order to facilitate the filing of your approval on the Cheshire Land Records, based on Public Act 75-317 of the Connecticut General Statutes, the following information is required: The volume and page number of the deed to your property as it is filed on the Cheshire Land Records.

VOLUME(s) 2854 PAGE NO.(s) 268

APPLICATIONS FOR SPECIAL PERMITS WHICH PROPOSE TO CONDUCT NONRESIDENTIAL USES IN RESIDENTIAL DISTRICTS. the following submission (7) is also required:

(7) An affidavit, at least ten (10) days before the hearing, stating that notification has been sent to all abutting property owners (including those across the street). The affidavit shall confirm that the notice was mailed at least fifteen (15) days prior to the hearing and shall list the names, property addresses and mailing addresses, if different from property addresses. Notification to property owners shall be in the form of letter or postcard and shall specify the date, time, and place of the public hearing.

ALL APPLICANT'S--PLEASE COMPLETE THE FOLLOWING:

Applicant's Name John Baldino (For Canaan Christian Fellowship)

Applicant's Address 29 North Street ; East Haven CT 06513
(Print or Type)

Applicant's Signature [Signature]

Telephone Number (203) 668-9017 E-Mail john.baldino@sbcglobal.net

Owner's Name The Dover Benedict Group LLC

* Owner's Signature [Signature] Norman J Caliberte Jr a member
(Print or Type)

Agent, if other than applicant to be contacted with regard to this application:

NA Name _____

Address _____

Telephone Number _____ E-Mail _____

This application must be filed in the Planning Office at least seven (7) days prior to the regular Planning & Zoning Commission meeting date.

Disclaimer: Additional information may be required. please contact the Planning office for complete application packets

PLEASE CHECK ONE
INFORMATION HAS BEEN FILED WITH THE PLANNING OFFICE:

PLEASE CHECK ONE
YES NO

1. Is the property or properties located in the Aquifer Protection Zone? () (✓)

If "yes", is the proposed use a regulated activity?
(Use involving hazardous materials)
(if "yes", contact the Planning Office) () ()

2. Is the property located in the public water supply watershed area? () (✓)

If "yes", has a watershed notification been sent to the RWA? () ()

3. Are there any wetlands or watercourses on the property or properties? () (✓)

If "Yes", has an Inland Wetlands/Watercourses permit been filed? – Must be submitted to Inland Wetland & Watercourse Commission prior to filing with the Planning and Zoning Commission. () ()

If "No", include a statement on the Site Plan.

4. Are variances required? () (✓)

5. Is the property located within a public water supply watershed area?(Map located in the Planning Office) () (✓)
(If yes, notification is required to the CT Dept. of Public Health per Public Act 06-53)

***Advisory Notice to Applicants:**

Applicants are hereby advised that The State of Connecticut Department of Energy and Environmental Protection (DEEP) requires that areas of proposed disturbance of 5 acres or more must apply to the CT DEEP for "General Permit for the Discharge of Stormwater and Dewatering Wastewaters from Construction Activities". Prior to initiating any development activities it is the Permittee's responsibility to ascertain if they are subject to the general permit requirements.

For further information, please contact DEEP:
https://www.ct.gov/deep/lib/deep/permits_and_licenses/water_discharge_general_permits/storm_construct_gp.pdf

By signing this checklist, I hereby acknowledge full responsibility that the information provided is true and accurate. *(to the best of my knowledge)*

Alan J. P. Patten

Applicant's Signature

1.29.2021
Date

NAME OF DEVELOPMENT OR PROJECT: Existing

STREET ADDRESS: 286 Industrial Ave

APPROX. NO. OF ACRES _____ ZONE I-I NO. OF LOTS _____

SOURCE OF WATER SUPPLY:

Public Water Supply ✓
Community Well _____
Individual Wells _____

METHOD OF DISPOSAL OF SANITARY WASTE:

Connect to Public Sanitary Sewer System _____
Project is Located in Class _____ District _____
Report by Water Pollution Control Authority Attached _____

Install Dry Sanitary Sewers for Future Connection
and On-site Sub-Surface _____

Sanitary Disposal Systems for Immediate Short-term Use _____
Install On-Site Sub-surface Sanitary Disposal
System for Long-term Use _____

NAME OF APPLICANT: John Baldino (For Lanaan Christian Fellowship)

SIGNATURE OF APPLICANT: [Signature] (Print or Type)

NAME OF OWNER: The Dover Benedict Group LLC
(Print or Type)

* SIGNATURE OF OWNER: [Signature]
Norman J. LaLiberte Jr.



* Submitted Attn Julia Burdacki
(203) 250 9412

B100a Application – Request for Review

Street Number: 286 Street Name: Industrial Ave. Town: Cheshire
Owner: The Dover Benedict group LLC Date: 1.27.2021
Contractor Name: _____ Cell#: (203) 668-9017

1. Provide a description of your request: (structure size, design, purpose or use)

Church Use - Canaan Christian Fellowship (Average 35 people)
Meeting Weekly Sunday Mornings from 10:00 AM - 1:00 PM
Meeting Weekly Wednesday or Thursday Evenings 7:00 PM - 9:00 PM

2. Answer the following questions:

1. WATER SYSTEM: Property served by: Private Well Public Water (Water Company Name): _____
2. SEPTIC SYSTEM: Property served by: Septic System Public Sewers. Are sewers available? Yes / No / Unsure

For a Residential Property
1. Number of Bedrooms: _____ After Addition: _____
2. Is this increasing habitable space: Yes / No
3. For shed, deck or barn. Are there frost walls? Yes / No
4. Will there be footing drains? Yes / No

For a Commercial/other Property:
1. Septic Design: _____ employees _____ Sq. Ft. _____ other
2. Square Ft. after addition: _____
3. Will there be footing drains? Yes / No
3725 sq' space

This application must be submitted with a plot plan drawing (see back of page).

3. Attach a plot plan that includes:

- ____ Shows the existing structures/building *and* the proposed addition/deck/pool/barn *with* setback distances
- ____ Shows the existing septic and water with setback distances
- ____ Demonstrates how and where a *code-complying septic system* will be placed
- ____ Number of Bedrooms (residential) or _____ Design flow factor

Chesprocott Health District assumes no responsibility for the present or future operation of the septic system or for any damage to the septic system caused by the new construction or any necessary testing.

I certify that I am the owner or the owner's contractual representative and that the information above is accurate to the best of my knowledge.

Signature Leasee [Signature] Date 1.27.2021
for Canaan Christian Fellowship