Site Plan Application #
Date Submitted
Received by
Fee
EVIEW APPLICATION
lained in Article IV of the Zoning Regulations.
SECTION - PLEASE PRINT
Date
Cell Number
Date
LOT
Lot Size
Industrial
ldition Alteration
i

#### Attachments

Site and architectural plans as specified in Section 470 of the Zoning Regulations.

Please provided approval letters (and date of approval from the following Commissions, Departments, agencies with this application (if applicable)

a.	Inlands Wetlands and Water Courses Commission  Date of Approval
b.	Zoning Board of Appeals Date of Approval
c.	Northeast District Department of Health Date of Approval
d.	Water Company Date of Approval
e.	Water Pollution Control Authority Date of Approval
f.	D.O.T. – submit letter of D.O.T. Review
g.	Other miscellaneous Commissions, agencies (i.e., Department of Environmental Protection)
h.	Names and addresses of all abutting property owners (owners of record)
Please provide	the following information:
a.	Six copies of site plan – 24"X36" at a scale of 1"=40' (See Section 470.7)
b.	Architectural Plans (See Section 470.8)
C.	Fee – (a) \$75 per acre + \$60 state fee, or each part thereof; (b) amendments, modifications or additions to an approved Site Plan if property boundaries remain unchanged: \$100 + \$60 State fee

a.	Name and Connecticut Registration Number of Land Surveyor and Professional Engineer – all final plans must have original signatures.
_	
e.	Name of Soil Scientist
f.	Soil Erosion & Sediment Control Plan
g.	Detail drawings of catch basins, rip rap, erosion control measures, bituminous concrete, lighting, curbing, signs, etc.
<b>h</b> .	Drainage Calculations
approval of Regulations.	gned hereby acknowledges that this application to the best of his/her onforms to the Zoning Regulations of the Town of Killingly and that the plan is contingent upon compliance with all requirements of said. The undersigned hereby authorizes the Killingly Planning and Zoning or its agents, to enter upon the property for the purpose of inspection and of said Zoning Regulations.
Signed	(Applicant) Date
Signed	(Owner) Date

Υ,

7

The undersigned warrants and guarantees that all of the improvements as shown on the final approved site plan map will be installed in a good and workmanlike manner, and individually and severally guarantee to provide all necessary funds with respect thereto.

Signed		Date
	(Applicant)	Date
Signed		Date
	(Owner)	

## PROJECTS WITHIN A PUBLIC WATER SUPPLY WATERSHED OR AQUIFER AREA

"As required by Sections 8-3i and 22a-42f of the Connecticut General Statutes, ALL APPLICANTS, before a Town Board for any project within a public water supply aquifer and/or watershed area are required to notify a water company of any such proposed project by <u>certified mail</u> NO LATER THAN SEVEN (7) DAYS after the date of the application..."

For those within a Connecticut Water Company watershed, they need to file the attached updated Project Notification Form, which is required for applications for projects within their aquifer or watershed areas.

Said form is to be mailed, certified mail return receipt, to the following:

Jessica Demar, Environmental & Regulatory Compliance Coordinator Connecticut Water Company 93 West Main Street Clinton, CT 06413

(Office) 860.669.8636 (Fax) 860.669.9326 (Customer Service) 800.286.5700

### Public Water Supply Watershed or Aquifer Area Project Notification Form

#### Requirement:

All applicants before a municipal Zoning Commission, Planning and Zoning Commission, Zoning Board of Appeals, or Inland Wetlands Agency for any project located within a public water supply aquifer or watershed area are required by Section 8-3i and Sec. 22a-42 of the CT General Statutes to notify Connecticut Water Company of the proposed project by certified mail not later than 7 days after the date of the application. The notice should be sent to: Jessica Demar, Environmental & Regulatory Compliance Coordinator, Connecticut Water Company, 93 West Main Street, Clinton, CT 06413 by Certified Mail, Return Receipt.

#### General Information:

1	Location map of the project site (please show enough information to locate site).
	<ol> <li>Site plans, including soil erosion and sediment control plan, which have been submitted to the town commission for review.</li> </ol>
3	. Project address
4	
5	
6.	Description of proposed project
7.	Acreage of area to be disturbed including structures, additions, paving, and soil disturbance
8.	Type of sanitary system (circle one): septic system / public sewer / none
9.	Number of existing or proposed floor drains and their point of discharge e.g. sanitary sewer, holding tank, or ground
10.	Water accessed by (circle one): private well / public water / none If other, please specify

11. Distance of site disturbance to nearest watercourse or wetlan	
12. Brief description of existing and proposed stormwater manaroof drainage, paved areas etc., and discharge points e.g. mur streams, vegetated areas, detention basins etc.	agement system, including
13. Type of heat for facility	
14. List of existing and proposed underground or above-ground capacity and contents	storage tanks including age,
15. List of potentially harmful chemicals stored or used on proper and typical onsite volumes, including but not limited to petrol solvents, detergents and pesticides	ty (existing and proposed)
16. Describe any wastes generated and their means of disposal	· · · · · · · · · · · · · · · · · · ·
7. Date application will be heard by Planning and Zoning Comm	
8. Date application will be heard by Zoning Board of Appeals	
9. Date application will be heard by Inland Wetlands Commission	n
20. Name, address and telephone number of contact person for the	<del></del>
No.	
Name of person completing form Signature	Date

## AQUIFER PROTECTION AREAS KILLINGLY, CONNECTICUT



Level A Aquiffer Protection Awas (Final Adepted)

Level A Aquiffer Protection Area (Final)

Level & Aquiffer Protection Area (Fertinatury)

## EXPLANATION

## DATA SOURCES

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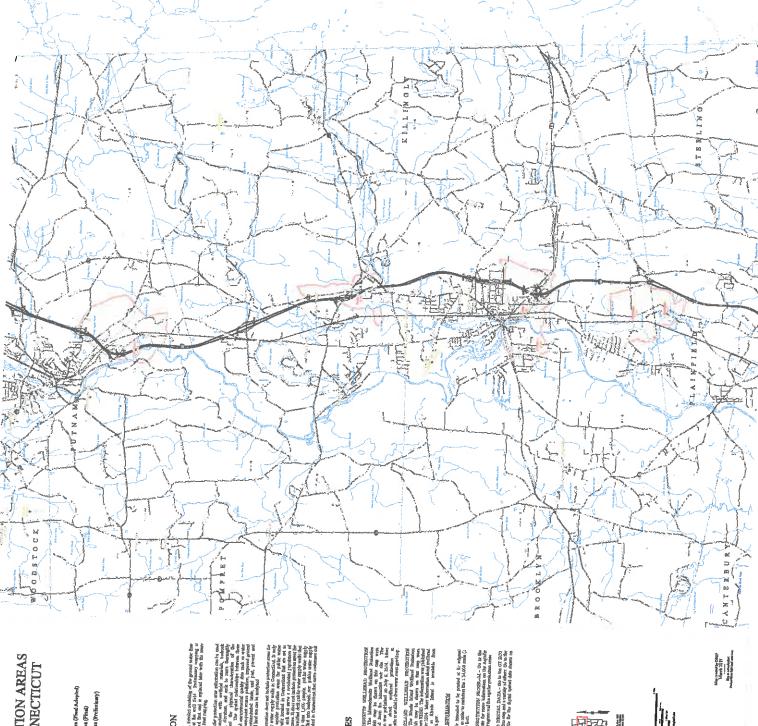




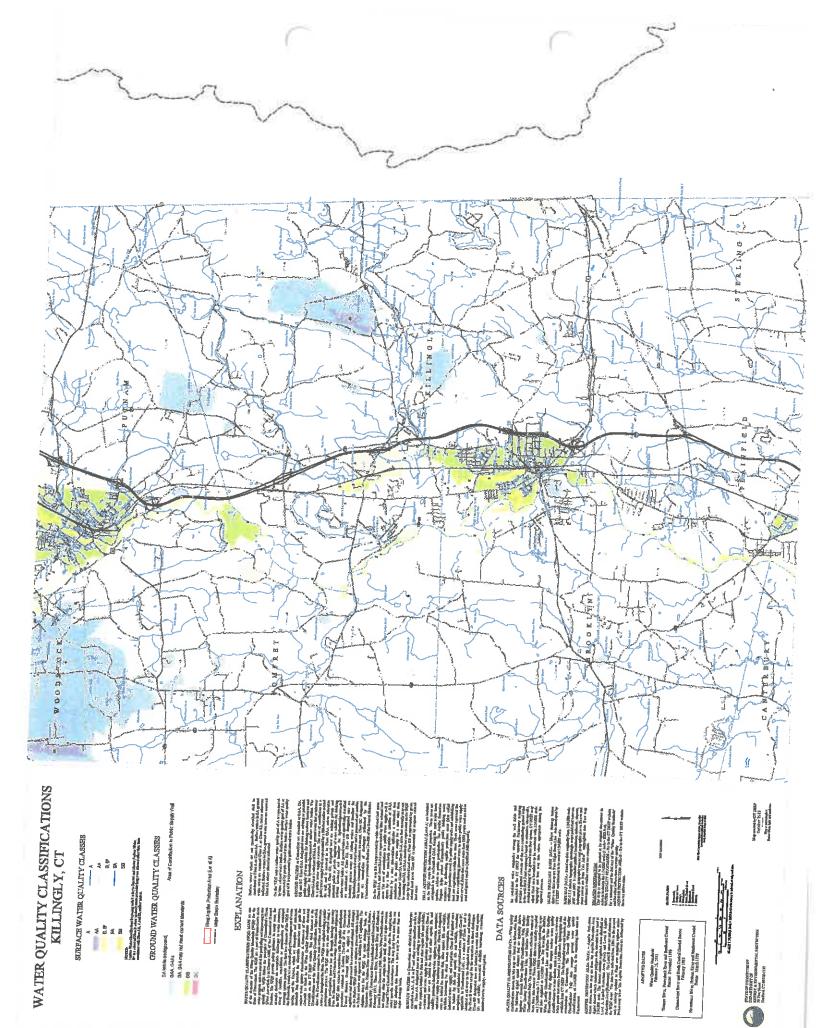


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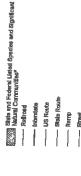
Rhode Island



# NATURAL DIVERSITY DATA BASE AREAS

## KILLINGLY, CT

LEGEND



Marsh ares on USGS topo map

Cramberry Bog Fish Hatchery Aquedast

**EXPLANATION** 

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## DATA SOURCES

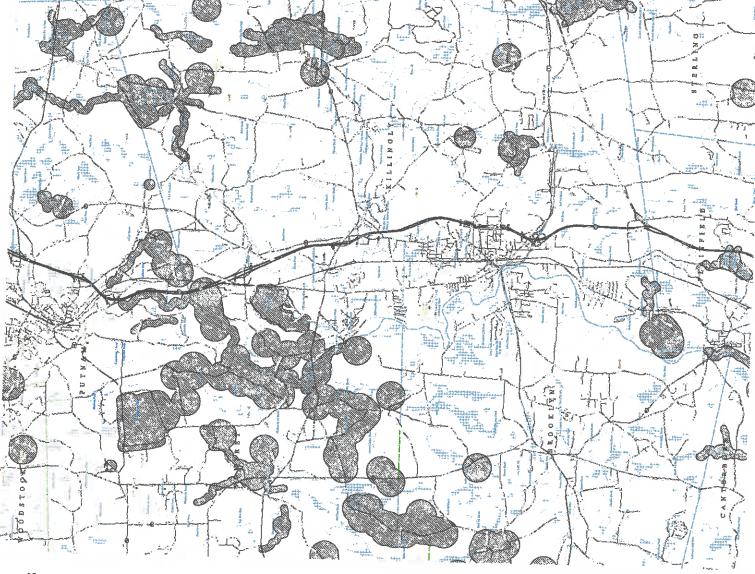
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## Watershed or Aquifer Area Project Notification Form

#### REQUIREMENT:

Within seven days of filing, all applicants before a municipal Zoning Commission, Planning and Zoning Commission, Zoning Board of Appeals or Inland Wetlands Commission for any project located within a public water supply aquifer or watershed area are reguired by Public Act No. 06-53 of the CT General Statutes to notify The Commissioner of Public Health and the project area Water Company of the proposed project by providing the following information.

To determine if your project falls within a public water supply aquifer or watershed area visit the appropriate town half and look at their *Public Drinking Water Source Protection Areas* map. If your project falls completely within or contain any part of a public water supply aquifer or watershed you are required to complete the following information.

Note: You will need information obtained from the *Public Drinking Water Source Protection Areas* map located in the appropriate town hall to complete this form.

itep 1: Have you already notified the CT Department of Public Health (CTDPH) of this proje	ct?
No, Go to Step 2	
Yes, I have notified DPH under a different project name - Complete steps 4-6	
Yes same name different	
Step 2: Complete steps 4-6	
Name of public water supply aquifer your project lies within:	j
2. Name of the public water supply watershed your project lies within:	
3. Public Water Supply Identification number (PWSID) for the water utility:	100
Step 3: For 1-5 Check all that apply	
I. My project is proposing:	
Industrial use; Commercial use; Agricultural use; Residential use;	
Recreational use:	
Recreational use; Transportation improvements; Institutional (school, hospital,	nursing home, etc.);
Recreational use; Transportation improvements; Institutional (school, hospital, Quarry/Mining; Zone Change, Please Describe:	nursing home, etc.);
Recreational use; Transportation improvements; Institutional (school, hospital, Quarry/Mining; Zone Change, Please Describe:  Other, Please describe:	nursing home, etc.);
Recreational use; Transportation improvements; Institutional (school, hospital, Quarry/Mining; Zone Change, Please Describe:	nursing home, etc.);
Recreational use; Transportation improvements; Institutional (school, hospital, Quarry/Mining; Zone Change, Please Describe:  Other, Please describe:	nursing home, etc.);
Recreational use; Transportation improvements; Institutional (school, hospital, Quarry/Mining; Zone Change, Please Describe:  Other, Please describe:  The total acreage of my project is:	nursing home, etc.);

4. Existing use of my project site is.
Grassland/meadow; Forested; Agricultural; Transportation; Institutional (school, hospital,
nursing home, etc.); Residential; Commercial; Industrial; Recreational; Quarry/Mining
Other Please Describe:
5. My project will utilize:
septic system; existing public sewer; new public sewer; agricultural waste facility;
existing private well; new private well; existing public water supply;
new public water supply, if new have you applied for a certificate of public convenience and necessity from
DPH? Yes No
6. My project will contain this percentage of built up area (buildings, parking, road/driveway, pool): Less than
or equal to 20% Greater than 20% to 50% Greater than 50%
Step: 4 Applicants Contact Information:
Name:
E-mail address:
Telephone:
Fax number:
Step 5: Please provide the following if available:
Project name:
Project site address:
Town:
Project site nearest intersection:
Project site latitude and longitude:

E-mail completed form to dph.swpmail@ct.gov