



**Office Use Only**

Date Accepted: \_\_\_\_\_

Accepted By: \_\_\_\_\_

**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.

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

- \_\_\_ Complete Application Form
- \_\_\_ Fee Paid
- \_\_\_ Site Plan (PDF & 10 copies of 11 x 17s) – See Section 9.2.C.2 for specifications
- \_\_\_ Drainage Calculations in Compliance with Section 7.5
- \_\_\_ Report from Chatham Health District (or CT DPH as needed)
- \_\_\_ Report from Fire Marshal
- \_\_\_ Bond Estimates As Required, See Section 9.2.C.2

**\_\_\_ Special Permit (See Section 9.2 for details)**

- \_\_\_ Complete Application Form
- \_\_\_ Fee Paid
- \_\_\_ Site Plan (PDF & 10 copies of 11 x 17s) - 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 Chatham Health District (or CT DPH as needed)
- \_\_\_ 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 - PDF & 10 copies of 11 x 17s
- \_\_\_ 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 (PDF & 10 copies of 11 x 17s)
- \_\_\_ Rationale for Amendment (PDF & 10 copies of 11 x 17s)
- \_\_\_ 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: \_\_\_\_\_ Date: \_\_\_\_\_

**The Commission reserves the right to add additional requirements in accordance with the Regulations.**

***Only Complete Application Packages Will Be Accepted***



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

PZC \_\_\_\_\_  
Date \_\_\_\_\_

Fee Paid \_\_\_\_\_  
Check # \_\_\_\_\_  
Rec'd. By \_\_\_\_\_

LOCATION \_\_\_\_\_

MAP \_\_\_\_\_ BLK \_\_\_\_\_ LOT \_\_\_\_\_

PROJECT NAME \_\_\_\_\_

ZONE \_\_\_\_\_

APPLICANT \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

SURVEYOR/ENGINEER \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

ATTORNEY \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

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

- \_\_\_ 1. SUBDIVISION /RESUBDIVISION /CONSERVATION SUBDIVISION NO. OF LOTS \_\_\_\_\_  
\_\_\_ 3. SITE PLAN \_\_\_\_\_ MODIFICATION \_\_\_\_\_ Residential \_\_\_\_\_ Commercial \_\_\_\_\_  
\_\_\_ 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 Land Use 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** \_\_\_\_\_ **DATE** \_\_\_\_\_

**OWNER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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

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

10,001 to 15,000 Sq ft \_\_\_\_\_ \$ 1100

For every additional 5000 Sq Ft \_\_\_\_\_ \$ 500

### SPECIAL PERMIT

Special Permit \_\_\_\_\_ \$ 150

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 MODIFICATION

Minor Amendment \_\_\_\_\_ \$ 50

Major Amendment \_\_\_\_\_ \$ 100

ZONING OR SUBDIVISION REGULATION TEXT CHANGE \_\_\_\_\_ \$ 300

CHANGE IN ZONING MAP \_\_\_\_\_ \$ 500

LAKE POCOTOPAUG PROTECTION AREA \_\_\_\_\_ \$ 75

APPLICATION FOR MULTI-FAMILY, ACTIVE ADULT AND HOD \_\_\_\_\_ \$ 1000

Number of unit's \_\_\_\_\_

Plus the sum of \_\_\_\_\_ \$100/unit

Total \_\_\_\_\_



## REQUIREMENTS

### Section 9.1.C – Minimum Accuracy Standards for Maps

All maps, plot plans and surveys shall be prepared by a Connecticut licensed land surveyor and shall be certified by the preparer to be a map of “A-2” accuracy.

### Section 9.4.F – Required Notification

The applicant shall be responsible for all notification requirements except the legal advertisement, which shall be placed by the Town pursuant to Connecticut General Statutes. For all matters requiring action by the Planning & Zoning Commission, Inland Wetland and Watercourses Agency, or the Zoning Board of Appeals the applicant shall be responsible for the following notifications:

#### MAILINGS:

- A. Notification to all abutting property owners, by certificate of mailing and provide receipts. Advising them of the proposal, the location, and the time and date and place of the meeting at which such proposal shall be heard. Such notice shall be mailed at least fifteen (15) days prior to such meeting. The abutter’s list provided will be based on current Assessor’s data.

#### SIGN:

- B. A sign or signs shall be placed on the subject property, at least fifteen (15) days prior to the meeting at which the proposal shall be heard. The sign(s), which shall be no less than ten (10) square feet in area, shall state the following: THIS PROPERTY IS SUBJECT TO ACTION BY THE PLANNING AND ZONING COMMISSION, the date, time and place of the meeting. Such sign(s) shall be of durable material(s), have black letter two (2”) inches (minimum), white background, shall be located so as to be clearly visible from the public street nearest the front of the property. Signs posted shall be no further apart along public streets than five hundred (500’) feet. All signs shall be placed at the applicant’s expense and shall be removed immediately after the appeal period (fifteen (15) days) has expired.

### Section 9.4.G – Procedure upon Approval of Proposal

Upon approval of any proposal, and following any appeal period applicable, the applicant shall seek to obtain all relevant permits from the Planning, Zoning, and Building Department. Applicants for building and zoning permits shall be made available and upon payment of all applicable fees and compliance with all relevant standards, such permits shall be issued. Failure to comply with all provisions, conditions, codes, ordinances and the like shall authorize the Zoning Enforcement Officer to cause the revocation of such permits.

### Section 9.4.H – Zoning Certificates of Approval

No land shall be used and no building or structure shall be constructed, reconstructed, extended, and enlarged, in whole or in part, for any purpose, until Zoning Certificate of Approval for the proposed work or use has been issued by the Zoning Enforcement Officer. The following shall apply to all applications for zoning permits: (See Zoning Regulations).



**EAST HAMPTON PLANNING AND ZONING COMMISSION**

**THE PROPERTY LOCATED AT:** \_\_\_\_\_

**IS THE SUBJECT OF A PUBLIC HEARING BY THE EAST HAMPTON PLANNING AND ZONING COMMISSION ON \_\_\_\_\_ AT 7:00 P.M. IN THE EAST HAMPTON TOWN HALL, 1 COMMUNITY DRIVE, EAST HAMPTON CT 06424.**

**THIS PUBLIC HEARING IS TO CONSIDER THE FOLLOWING APPLICATION:**

**APPLICATION NAME:** \_\_\_\_\_

\_\_\_\_\_ **SPECIAL PERMIT UNDER SECTION \_\_\_\_\_ OF THE ZONING REGULATIONS TO** \_\_\_\_\_

\_\_\_\_\_ **SUBDIVISION/OPENSOURCE SUBDIVISION NO. OF LOTS \_\_\_\_\_**  
**TITLE** \_\_\_\_\_

\_\_\_\_\_ **RESUBDIVISION NO. OF LOTS \_\_\_\_\_**  
**TITLE** \_\_\_\_\_

\_\_\_\_\_ **SITE PLAN APPROVAL TO \_\_\_\_\_**  
**TITLE** \_\_\_\_\_

\_\_\_\_\_ **LAKE POCOTOPAUG PROTECTION AREA TO** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **ZONE CHANGE FROM \_\_\_\_\_ TO** \_\_\_\_\_

\_\_\_\_\_ **ZONING REGULATION CHANGE** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **OTHER** \_\_\_\_\_

**APPLICATION AND MAPS ARE ON FILE IN THE LAND USE OFFICE. IF YOU HAVE ANY QUESTIONS PLEASE CONTACT THE LAND USE OFFICE AT 860--267-7450**

Revised 04/30/2017

U.S. POSTAL SERVICE	CERTIFICATE OF MAILING
MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT PROVIDE FOR INSURANCE-POSTMASTER	
Received From:	
_____	
_____	
One piece of ordinary mail addressed to:	
_____	
_____	
_____	

Affix fee here in stamps or meter postage and post mark. Inquire of Postmaster for current fee.

PS Form 3817, January 2001

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PS Form 3817, January 2001



## Request for Environmental Health Services

(effective 7-1-17)

Application # \_\_\_\_\_ Town \_\_\_\_\_  
 Property Location \_\_\_\_\_ Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_  
 Applicant \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Property Owner \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Email Address \_\_\_\_\_

Soil Testing/Per Lot (5 Test Holes)	\$140	\$ _____	_____
<b>B100a Soil Testing</b>	\$75	\$ _____	_____
Additional Test Holes	\$30	\$ _____	_____
<b>Septic Re- inspection Fee</b> (work not ready/ not approved 2 <sup>nd</sup> request)	\$75	\$ _____	_____
<b>Confirmatory Perc Test in fill</b>	\$75	\$ _____	_____
Site Plan Review/Per Lot	\$125	\$ _____	_____
Engineered Septic Design Review	\$100	\$ _____	_____
Revised Site Plan Review	\$50	\$ _____	_____
Subdivision Review/Per Lot	\$70	\$ _____	_____
Revised Subdivision Plan Review	\$50	\$ _____	_____
Subdivision Review Sewered/Per Lot	\$35	\$ _____	_____
Subdiv. Rev Sewered /Per Lot-Revision	\$35	\$ _____	_____
Water Supply Well Permit	\$110	\$ _____	_____
<b>Well Abandonment</b>	\$75	\$ _____	_____
<b>Central System Exception</b>	\$100	\$ _____	_____
Day Care Inspection	\$95	\$ _____	_____
Barber/Beauty Salons	\$100	\$ _____	_____
Pools Inspection Routine	\$100	\$ _____	_____
Re-Inspection of Public Pool	\$100	\$ _____	_____
Pool Inspection fee late payment (due 60 days after notice)	\$50	\$ _____	_____
Bathing Beaches – Water Sampling/sample	\$20	\$ _____	_____

Main Office: 240 Middletown Avenue Unit 123, East Hampton 06424 rev 12.19.17

Tel: (860)365-0884 • Fax: (860) 365-0885

[www.chathamhealth.org](http://www.chathamhealth.org)

**Town of East Hampton  
Planning & Zoning Commission 2024 Meeting Dates  
1 Community Dr.  
East Hampton Town Hall Meeting Room  
7:00 p.m.**

**Meeting Date:**

January 3, 2024

February 7, 2024

March 6, 2024

April 3, 2024

May 1, 2024

June 5, 2024

July 3, 2024

August 7, 2024

September 4, 2024

October 2, 2024

November 6, 2024

December 4, 2024

January 8, 2025\*

**Deadline:**

December 20, 2023

January 24, 2024

February 21, 2024

March 20, 2024

April 17, 2024

May 22, 2024

June 19, 2024

July 24, 2024

August 21, 2024

September 18, 2024

October 23, 2024

November 20, 2024

December 25, 2024

\*January 8, 2025 meeting is due to a holiday.