Town of Montville Planning & Zoning Commission
Site Plan or Special Permit Application

☒ Site Plan Number _____ Plan Date _____
Revision _____
☐ Special Permit Fee paid _____ Revision _____

Assessors Map 099-045 Lot 00A
Project Address 2020 ROUTE 32 MONTVILLE, CT

Name of Applicant Count & Crush, LLC Dba CLYNK
Address of Applicant
Project Name CL YN K Montville
_____ Cell# _____
Fax # _____

Tel # _____ Cell# _____
Fax # _____ Email _____
Name of Engineer _____
Tel # _____ Cell# _____
Fax # _____ Email _____

Zoning District C-2 Lot Size 22.87 AC Total Acres 22.87 AC
☐ Yes ☐ No **Regulated Wetlands** **Acreage** _____ **Permit Date** _____
☐ Yes ☒ No Flood Plain Flood Hazard Area _____
☐ Yes ☒ No A-2 Survey Name of Surveyor _____
Building size 256 SF s.f. Building height _____
Number of acres to be disturbed 0; Structure to be installed on top of existing parking lot, no excavation proposed
Applicable Zoning Regulation(s) 11.6.1 & 11.6.2 // 18.4.4 & 18.4.6
Project description Recycling Station to be installed within existing parking lot limits

This project will use:
☐ Septic system ☐ Municipal sewer Not Required
☐ Individual well ☐ Public water supply well ☐ SCWA well ☐ Municipal water

Not Required
☐ Yes ☒ No This project is located in a **Public Water Supply Watershed**
☐ Yes ☒ No This project has received approval from the Uncas Health District
☐ Yes ☒ No This project has received approval from the appropriate Water Authority

**** Attach Copy of All Approvals**

☐ Yes ☒ No This project requires a State General Stormwater Quality Permit.
Registration # _____

☐ Yes ☒ No This project requires a permit from the Army Corps of Engineers.

☐ Yes ☒ No This project requires a Water Diversion Permit.

☐ Yes ☒ No This project requires a Dam Permit.

☐ Yes ☒ No This property is subject to a Conservation Restriction and/or a Preservation Restriction. If yes, attach a copy of certified notice.

☐ Yes ☒ No Drainage calculations submitted:
Date _____ Rev. date _____ Rev. date _____

☐ Yes ☒ No This project requires a OSTA (Office of State Traffic Commission) Permit.

☐ Yes ☒ No This project requires a DOT Encroachment Permit.

☐ Yes ☒ No The plan has been submitted to the DOT District 2 Office.

Number of parking spaces provided Net loss in 5 Spaces

Number of vehicle trips per day generated by this project N/A

☐ Yes ☒ No A determination of applicability of of the following Zoning Regulations Sections 11.6.1 & 11.6.2 // 18.4.4 & 18.4.6

Signature of Applicant Kelly Hovey Date 6/8/26

Signature of Owner Thomas Meyers Date 06/05/2026

OFFICE USE ONLY

Review	Date Sent	Date Received
Town Engineer		
Uncas Health District		
Fire Marshal		
Building Official		
Mayor		
WPCA		
DOT District 2		
N.L. Water		
Other		

Date of Receipt _____ Date of Public Hearing _____ Date Hearing Closed _____

Date of Extension #1 _____ Date of Extension # 2 _____ Terminal Date _____

Address: 2020 Norwich New London TPK **Zoning Permit #** _____

Parcel ID: _____ **Zone:** _____ **Expiration date:** _____

Setbacks: Front/Rear: _____ **Sides:** _____

Town of Montville Zoning Permit

Proposed Project: Placing state of the Art Technology enabled redemption unit that funtions as an unmanned drop-off point for redeemable containers

Property Owner: Lydia Fadool

Applicant: Kelly Hovey

Applicant Address: 100 Waterman Dr. Suite 301 South Portland, ME

Phone # _____ **Cell #** 207-248-7148

Email: khovey@clynk.com

Provide the following:
Copy of plans drawn to scale of at least 1" = 40' ***showing***: dimensions of lot, size and location of existing, proposed structures, driveways, sanitary facilities and water supply, parking facilities, and adjacent streets; distances of proposed structures from property lines and wetlands. (A copy of plan prepared by a Connecticut Registered Land Surveyor may be required).

The Owner/Agent is responsible for and agrees to:

1. Notify the Zoning Officer of any alteration in the plans.
2. An E&S cash bond of $2000 ***may*** be required and must be posted prior to approval of Zoning Permit. This bond may be held for up to one (1) year after Compliance Sign-off.
3. Prior to start of construction all E&S measures must be inspected by the Zoning Officer.
4. **Contact the Zoning Officer (860-848-6779) upon completion of project.**

I hereby certify that the information provided is true and correct and further attest the proposed project is authorized by the owner in fee and I am authorized to make application for a permit for such described work. The undersigned hereby authorizes the Montville Planning & Zoning Commission or its agents to enter the subject property for the purposes of inspection and/or enforcement.

Owner/Agent Signature: Kelly Hovey **Date:** 6/8/26

Applicant Signature: Kelly Hovey **Date:** 6/8/26

OFFICE USE ONLY **Fee:** _____ **Cash / Check #** _____

_____ _____ _____ _____

Commission Agent **Date** **Certificate of Zoning Compliance (CZC)** **Date**

☐ **As Built required prior to issuance of CZC. Received on:** _____

☐ **Bond # & Date** _____ **Released:** _____

Site/Special Permit # _____

Wetlands Permit # _____

Conditions & Notes _____