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

☒ Site Plan

☐ Special Permit

Assessors Map 070 Lot 025-000
Project Address 197 Route 32, Uncasville, CT 06382

Name of Applicant Gregg Fedus, P.E.; Fedus Engineering, LLC
Address of Applicant 70 Street, Unit 2C, Mystic, CT 06355

Name of Property Owner Glenn Johnson
Name of Attorney NA
Tel # _____ Cell# _____
Fax # _____ Email _____
Name of Engineer Gregg Fedus, P.E.; Fedus Engineering, LLC
Tel # (860) 536-7390 Cell# (
Fax # _____ Email gfedus@fedusengineering.com

Zoning District R20/Rt 32 OZ Lot Size 33,837 sf Total Acres 0.78 Ac
☐ Yes ☒ No **Regulated Wetlands** **Acreage** _____ **Permit Date** _____
☐ Yes ☒ No Flood Plain Flood Hazard Area _____
☒ Yes ☐ No A-2 Survey Name of Surveyor Anthony Hendriks LS
Building size 2890 s.f. Building height No Change
Number of acres to be disturbed 0
Applicable Zoning Regulation(s) Sections 3, 4, 9, 14A, 15, 17, 18
Project description Change of use from home occupation dentist office to full financial planning office building to promote economic development in the Route 32 Overlay Zone.

This project will use:
☐ Septic system ☒ Municipal sewer
☐ Individual well ☐ Public water supply well ☐ SCWA well ☒ Municipal water

☐ 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**

RECEIVED
JUN 24 2026
By _____

☐ 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 11

Number of vehicle trips per day generated by this project _____

☐ Yes ☐ No A determination of applicability of of the following Zoning Regulations Sections 3,4,9,14A,15,17,18

Signature of Applicant _____ Date 6/24/26

Signature of Owner _____ Date 6/24/26

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 _____