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 70 Lot 034/000
Project Address _____

Name of Applicant Gregg Fedus, P.E.; Fedus Engineering, LLC
Address of Applicant 70 Essex Street, Unit 2, Mystic, CT 06355
Project Name Madison Place Luxury Townhouse Development
Tel# (860) 536-7390 Cell# _____
Fax # _____ Email _____
Name of Property Owner John Fearon - JNF Holdings LLC
Name of Attorney _____
Tel # _____ Cell# _____
Name of Engineer Gregg Fedus, P.E.; Fedus Engineering, LLC
Tel # (860) 536-7390

Zoning District R-20/Rt 32 OZ Lot Size 110,416 SF Total Acres 2.52 Ac
☐ Yes ☒ No **Regulated Wetlands** **Acreage** _____ **Permit Date** _____
☐ Yes ☒ No Flood Plain Flood Hazard Area _____
☒ Yes ☐ No A-2 Survey Name of Surveyor Fuller Engineering & Land Surveying, LLC
Building size 324 s.f. additional Building height _____
Number of acres to be disturbed 1.5
Applicable Zoning Regulation(s) Sections 3, 4, 9, 14.a, 15, 17, 18
Project description Seeking modification of the previously approved Site Plan for the subject location (25 SITE 2)

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**

☐ 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 2025-02-11 Rev. date _____ Rev. date _____
with previous approval

☐ 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 316

Number of vehicle trips per day generated by this project No change

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

Signature of Applicant _____ Date 6/17/26

Signature of Owner _____ Date 6/17/26

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 _____