

CITY OF TORRINGTON
PLANNING & ZONING COMMISSION
SITE PLAN APPLICATION

Application # ~~140~~ ¹ 140 CK# 1258

Date: 3/7/22

Property Location/Address: 2805 Winsted Road

Assessor's Map: 243 Block 011 Lot 001 Zoning District: LB

Project: Retail sales and storage usage, First Floor only. Second floor use not changing.

Is a Special Exception application being filed for this property at the same time as this Site Plan application?

Yes No

Is this property within 500 feet of another municipality? Yes No

If yes, give name of municipality: _____

Are there wetlands on the property or construction or drainage within a regulated wetlands area? Yes No (75 feet from wetlands and 100 feet from watercourse or water body)

If yes, has an application been submitted to the Inland Wetlands Commission? Yes No

Is there a conservation or preservation restriction on the property? Yes No

I, the undersigned applicant, understand that this application is based on the information submitted by me and that falsification by misrepresentation, omission, or failure to comply with the Zoning Regulations shall constitute a violation of the Zoning Regulations.

Applicant: Michael Leonard

Address: 22 School Hill Road Goshen CT 06750

Signature: 

Phone # 800 482 1100 FAX # /
800 480 0591

E-mail sarahmeganrubby@yahoo.com

I, the undersigned owner, authorize the City's agents to enter my property during and after construction for the purpose of inspection with regards to this application.

Owner: Michael Leonard

Address: 22 School Hill Road Goshen CT 06750

Phone # 800 482 1100 FAX # /
800 480 0591

E-mail sarahmeganrubby@yahoo.com

Signature: 

Site Plans: Eight (8) copies of the site plan must be submitted at time of application.
Fees: For site plans with no new construction, the application fee is \$135.00. For new construction with gross floor areas 5,000 square feet or less, the application fee is \$135.00. For new construction with a gross floor area greater than 5,000 square feet, the application fee is \$135.00 plus \$.01 per square foot of gross floor area over 5,000 square feet. (All base fees include \$60.00 state tax)

Fee of \$ 1350⁰⁰ paid on 3-7-22 CK # 1258

CITY OF TORRINGTON
PLANNING & ZONING COMMISSION
SITE PLAN APPLICATION
ENVIRONMENTAL COMPLIANCE CERTIFICATION

Date: 3/7/22Property Location: 2805 Winsted RoadAssessor's Map: 243 Block 011 Map 001Project: Retail sales and storage usage

Company: _____

Applicant: Michael LeonardApplicant's Address: 22 School Hill Rd Goshen CT 06756Air Quality:Will this facility produce emissions into the air? ____ Yes No

If yes, will this require registration or a permit from any State or Federal agency? ____ Yes ____ No

If yes, list the agency's name and the registration or permit numbers:

Attach a description of the processes that will produce the emissions. Include an estimate of the amounts of industrial materials that will be used on an hourly basis and any pollution control equipment that will be installed. Attach copies of all air quality permits or applications.

Hazardous Wastes

Will this facility generate, transport, treat, store or dispose of hazardous wastes? Check all that apply:

____ Generate ____ Transport ____ Store ____ Treat ____ Dispose

If the facility is a generator, it will do the following. Check all that apply:

- ____ Establish spill control measures
____ Compile a contingency plan
____ Store the wastes in a manner that protects the environment
____ Conduct personnel training

Attach a list of the hazardous wastes that will be generated by the facility, the estimated amounts generated per month and the generating processes. Attach EPA Identification Number of Application. Note that a violation of any State or Federal regulation regarding hazardous materials shall also be a violation of the City Zoning Regulations.

In-Ground Tanks

Will this facility use an in-ground tank for the storage of petroleum products, derivatives, or chemicals?

____ Yes No

If yes, attach a copy of the Connecticut Department of Environmental Protection In-Ground Tank Registration form.

Water Quality

Other than sanitary wastes, will this facility discharge process wastewaters or non-contact cooling water?

____ Yes No

If yes, will the discharges be to the environment or to the local publicly owned treatment plant?

____ Environmental ____ Treatment Plant

Attach a description of the processes that will generate the discharges, the materials used in the processes, the characteristics of the effluent, and any treatment conducted prior to discharge. Attach a copy of a NPDES Permit or Application.

This is to certify that this facility has complied, or will comply with the environmental regulations of the Agencies listed in Section 7.0 of the City's Zoning Regulations and will take the steps indicated above to maintain compliance with those regulations. Upon receipt of any permits or registration numbers, copies will be forwarded to the City of Torrington Planning and Zoning Department. Copies of any monitoring reports required by the State Department of Environmental Protection, the State Department of Health or the U.S. Environmental Protection Agency shall also be sent to the Torrington Planning and Zoning Department.

Applicant's Signature:  _____

Printed Name of Applicant: Michael Leonard

Applicant's Title: Owner

Date: 3/7/22

Date: 3/7/22

To: Planning and Zoning Commission

Please accept my request for a waiver to the Site Plan requirements, Section 8.4.4 of the Zoning Regulations, as there is no new exterior construction proposed at the location:

Applicant:

Sarah Leonard

Print name:

Sarah Leonard
Mike Leonard