



Town of Waterford

Department of Planning and Development

www.waterfordct.org

Office Use Only

Date Submitted: _____

Processed By: _____

App. No.: _____

Total Fee: \$ _____

Electronic Submission

Waived: ____ Yes ____ No

PZC Form 1

Planning and Zoning Application

1. Type of Application(s), Use and Property Information (check all that apply)

- | | | |
|--|---|---|
| ☐ Informal Staff Review | ☐ Site Plan/Design Review | ☐ Municipal Project (CGS§8-24) |
| ☐ Special Permit/Design Review ¹ | ☐ Subdivision /Resubdivision | ☐ Lot line Adjustment |
| ☐ Zoning Map Change | ☐ Regulation Amendment(s) | ☐ New District |
| ☐ Multifamily Development | ☐ Coastal Area Management ² | ☐ Earth Excavation |
| ☐ Flood Hazard Area | ☐ Other: _____ | ☐ Other: _____ |

Specify all uses and corresponding section for which this application applies³:

Use: _____ Section: _____

Use: _____ Section: _____

Use: _____ Section: _____

Name of proposed development/subdivision: _____ If subdivision how many lots?: _____

If applicable, are roadways proposed to be private, public or both:

☐ Private ☐ Public ☐ Both⁴

Parcel 1

Map/Block/Lot: ____/____/____ ____/____/____

Street No. & Name: _____

Size SF/AC: ____/____

Zoning District(s): _____

Parcel 2

Map/Block/Lot: ____/____/____ ____/____/____

Street No. & Name: _____

Size SF/AC: ____/____

Zoning District(s): _____

¹ Include a completed list of property owners with Parcel ID, name, address and mailing address. It is the applicant's responsibility to distribute all notices certified return receipt. Evidence of mailing shall be submitted prior to the start of the hearing. Failure to do so will delay the opening of the hearing.

² Coastal Site Plan reviews under Coastal Area Management §25.4 must submit a completed PZC Form 2 in addition to this PZC Form 1.

³ The use listed must correspond to the exact use term noted within the zoning district as a permitted use allowed through site plan or special permit.

⁴ A plan must accompany the application clearly delineating the limits of public and private roads.

2. Applicant Information

Name: _____

Title: _____

Company: _____

Address: _____

City/State: _____

Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Applicant's Authority to File Application⁵

☐ Legal Owner of Record

☐ Power of Attorney

☐ Contract to Purchase

☐ Other _____

3. Agent Information; if applicable

Name: _____

Title: _____

Company: _____

Address: _____

City/State: _____

Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Specify Nature of Agent

☐ Attorney

☐ Civil Engineer

☐ Land Surveyor

☐ Design Professional; _____

☐ Other: _____

Bar/License/Reg. No.: _____

4. Property Owner(s) and Parcel(s) Information

Is owner co-applicant? ☐ Yes ☐ No

Note: If landowner is an LLC, Corporation, Trust or other legal entity, attach the names, addresses and title of each member or officer, including agent(s). If same as applicant list 'Same'.

Name: _____	Name: _____
Title: _____	Title: _____
Company: _____	Company: _____
Address: _____	Address: _____
City/State: _____	City/State: _____
Zip Code: _____	Zip Code: _____
Telephone: _____	Telephone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____

⁵ Applicant must submit evidence attesting to the authority to file application (i.e. deed, option for purchase, etc.)

5. Statement of Use

Attached a typed statement of use in conformance with the Zoning Regulations as described in Section 22.4.2. In addition include all hours and days of operation, size of buildings and number of stories, utilities servicing the parcel, variances received, number of employee and structures to be demolished.

6. Statement of Design Compatibility (Site Plans and Special Permits only)

Attach a statement describing how the building and site design is compatible with the neighborhood, character of Waterford and Zoning Regulations. **Site is developed with a one-story professional office building and associated parking. No changes to the existing building are proposed. The applicant is proposed to expand the existing parking area behind the building to meet the parking demand for the facility. No other site improvements are proposed at this time.**

7. Consistency with Adopted Plan of Preservation, Conservation and Development (all applications)

Attach a statement attesting to how the proposed use, zone change, amendment or design is consistent with the most recent adopted Plan of Preservation, Conservation and Development (the Plan). Note relevant Plan section numbers and pages. **In accordance with the Utility Infrastructure section of the POCD, the parking expansion is proposed to be permeable pavers, which is a low impact development practice, and has been designed to promote infiltration, thereby improving water quality and reducing stormwater runoff volumes.**

8. Natural and Cultural Resources

Yes	No		% of Property
☐	☐	a. Are inland wetlands present on site? Total SF/AC _____/_____	_____
☐	☐	b. Are tidal wetlands present on site? Total SF/AC _____/_____	_____
☐	☐	c. Are their known or suspected vernal pools on the property?	
☐	☐	d. CT DEEP NDDB: Are endangered, threatened or species of special concern suspected to be located on the property? <i>Applicant must attach an 8 ½ x 11 map of the most current CT DEEP Natural Diversity Database with site clearly identified regardless of response provided. If you answered yes to item d., attach a letter from CT DEEP stating the name of the specie(s) that are suspected to be on the property. See Section 22 of the Zoning Regulations for additional information.</i>	
☐	☐	e. Are floodplains or flood hazard areas on the property?	
		Identify: _____	
☐	☐	f. Is the property located within a local, state or national historic district?	
		If yes identify district name: _____	
☐	☐	g. Does the site possess any structures or sites listed on the local, state or national register of historic landmarks?	
		If yes, identify: _____	

9. Additional Information

Yes No

- | | | |
|--------------------------|--------------------------|---|
| ☐ | ☐ | a. Is any part of the site within 500' of the Town line? Which town: _____ |
| ☐ | ☐ | b. Will any egress or ingress for the property use streets within an adjoining municipality? |
| ☐ | ☐ | c. Is any work proposed in wetlands or watercourses? Explain in Statement of Use |
| ☐ | ☐ | d. Is any work proposed within 100 feet of a wetlands or watercourse? Explain in Statement of Use |
| ☐ | ☐ | e. Is any work proposed within a floodplain or flood hazard area? Explain in Statement of Use |
| ☐ | ☐ | f. Is public water available or proposed to the site? Identify: _____ |
| ☐ | ☐ | g. Are public sanitary sewers available or proposed to the site? Identify: _____ |
| ☐ | ☐ | h. Is there a utility, drainage or other easement(s) on the site? Specify: _____ |
| ☐ | ☐ | i. Is open space proposed on the property? |

How much open space is proposed (SF/AC)? _____/_____ Percent of property(s) _____

Use and purpose of open space: _____

10. Previous Land Use Permits Associated with the Property(s)

Have previous permits been issued for the Property: ☐ Yes ☐ No (List singularly; attached additional pages if necessary)

Date Issued

Issuing Agency

Approved Use/Activity

11. Change of Zone, Regulation Amendment or New Zoning District, if applicable

Yes No

- ☐ ☐ a. Is this application for a new zoning district and/or regulation not presently established within the Zoning Regulations? If a new zoning district, distinguish type of zone proposed:

☐ Fixed Zone

☐ Floating Zone

☐ Overlay Zone

Identify proposed zone name: _____

For new regulations, list proposed section number(s) and titles(s):

i. _____

ii. _____

iii. _____

- ☐ ☐ b. Is this application an amendment to an existing regulation? Attach proposed amendments, clearly noting any deletions, modifications or additions. List sections proposed to be modified:

i. _____

ii. _____

iii. _____

- ☐ ☐ c. Is this application for a change to a district already established within the regulations? Identify:

Supporting materials:

For new zoning districts or a change in zone provide a legal description of the land involved in the zone district change including the following:

- Location map at 1"=1000'
- Accurate description and acreage of tract(s) to be changed with existing buildings and uses
- Show existing features including but not limited to contours at two-foot intervals, wetlands and watercourses, flood plains, all improvements and structures,
- All lots or parts of lots contained in an area within 500 feet in all directions of the zone change tract
- All lots shown in this area and within the zone change tract shall contain the name and address of owners as recorded in the Assessor's records and shall show the nature of use
- North point, and distance along road from nearest road intersection.
- Scale of map(s)

12. Bulk Zoning Requirements Table

Complete the following table, which must also be included on applicable drawings:

Zoning District(s): _____		
Item	Required	Proposed
Minimum Lot Size		
Frontage		
Front Yard		
Side Yard		
Rear Yard		
Building Line		
Building Coverage		
Parking ⁶		
Landscaping		
Impermeable Coverage		

⁶ Attach method used to determine the number of parking spaces required.

14. Supporting Documentation

Itemize, including additional attachments, all information provided in support of the application. Titles, dates and sheet/map numbers shall correspond exactly with the corresponding information provided.

Additional pages attached, if necessary: ☐ Yes ☐ No

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

15. For Informal Staff Review Use Only

Sec. 7-159b – Pre-application review of use of property. Notwithstanding any other provision of the general statutes, prior to the submission of an application for use of property under chapters 124, 126, 440 and 541 or any other provision of the general statutes authorizing an authority, commission, department or agency of a municipality to issue a permit or approval for use of such property, such authority, commission, department or agency or authorized agent thereof may separately, jointly, or in any combination, conduct a pre-application review of a proposed project with the applicant at the applicant's request. Such pre-application review and any results or information obtained from it may not be appealed under any provision of the general statutes, and shall not be binding on the applicant or any authority, commission, department, agency or other official having jurisdiction to review the proposed project.

I have read and understand the above provision of the Connecticut General Statutes and understand and agree that whatever discussion, comments and/or recommendations are made through this review are non-binding upon the parties.

Further, I acknowledge and agree that this pre-application review meeting is being conducted prior to and in anticipation of a formal application to the Waterford Planning and Zoning Commission or Conservation Commission to obtain feedback and response to the proposal or design, as it exists on this date, in the interest of preparing an application consistent with the Subdivision, Zoning or Wetlands regulations of the Town of Waterford as the case may be.

Signature

Printed Name

Date

Applicant

Agent

Land Owner

Land Owner

13. Planning, Design and Engineering Team

Provide a list of all professionals responsible for the project. Additional pages attached, if necessary: ☐ Yes ☐ No

Discipline:	_____	Telephone:	_____
Name:	_____	Fax:	_____
Company:	_____	Email:	_____
License(s)/ Accreditations:	_____	License(s)/ Accreditation No(s):	_____

Discipline:	_____	Telephone:	_____
Name:	_____	Fax:	_____
Company:	_____	Email:	_____
Licenses and/or Accreditations:	_____	License/ Accreditation No(s):	_____

Discipline:	_____	Telephone:	_____
Name:	_____	Fax:	_____
Company:	_____	Email:	_____
Licenses and/or Accreditations:	_____	License/ Accreditation No(s):	_____

Discipline:	_____	Telephone:	_____
Name:	_____	Fax:	_____
Company:	_____	Email:	_____
Licenses and/or Accreditations:	_____	License/ Accreditation No(s):	_____

Discipline:	_____	Telephone:	_____
Name:	_____	Fax:	_____
Company:	_____	Email:	_____
Licenses and/or Accreditations:	_____	License/ Accreditation No(s):	_____

16. Technical Assistance Review Fee

In accordance with the Waterford Code of Ordinance Chapter 16.08, the Commission may require third party technical assistance review for the evaluation of applications associated with but not limited to site plans, special permits, zone change and regulation amendments and may collect payment for costs associated with the review. This includes but is not limited to civil engineering, architecture, legal assistance, traffic engineering and environmental protection.

17. Acknowledgements; All applications

Application Content

The undersigned hereby acknowledges that this application and statements submitted herewith are true to the best of my knowledge and approval of the application is contingent upon compliance with all requirements of said regulations.

Right of Entry and Inspection

The undersigned hereby authorizes the Waterford Planning and Zoning Commission or its agents, to enter the subject property for the purposes of inspection and enforcement for the said Zoning Regulations until receipt of final Certificate of Occupancy and Certificate of Zoning Compliance.

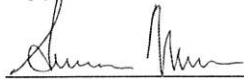
Electronic Data Accuracy and Transmission

If applicable, the undersigned hereby acknowledges that all electronic data submitted as part of this application is an accurate and true representation of all paper transmissions provided as part of this application and may be transmitted publically when requested and all applicable fees are paid in full by the requesting party.

Signature



Applicant



Agent

<same as applicant>

Land Owner

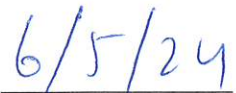
Land Owner

Printed Name



Seamus Moran

Date



6/5/2024

Statement Of Use

Business Name: Retina Group of New England, PC

Address: 174 Cross Road
Waterford, CT 06385

About Our Business: We are a Retina Specialty, Specializing in diseases and surgery of the retina, vitreous, and macula. We specifically specialize in the treatment of age-related macular degeneration, diabetic retinopathy, retinal detachment repair, retinal vein occlusions, and other disorders of the retina, vitreous, and macula.

Hours of Operation: General business office hours (Monday – Friday, 8am-5pm) with occasional after-hours and weekends due to emergencies.

Parking: We have between 23-30 full-time employees on site. On an average day with one doctor available, we see approximately 100 patients/day. At least twice per week, with more occurrences expected over the summer, we have two doctors available who see approximately 150 patients/day in total. This amounts to 13-19 patients per hour. Additionally, patients often arrive early (generally 30 minutes) and wait in the waiting room, which can accommodate up to 20 patients at a time, which would increase the total number of patients on site to 20-29. We also have the largest Research Facility where we conduct clinical trials.

In total, we can expect 23-30 employee vehicles, and 20-29 patient vehicles on site at one time, which is between 43-59 total vehicles. The current parking lot has parking for up to 38 vehicles. We are proposing to maintain 35 of those spaces, and construct an additional 23 spaces, for a net increase of 20 parking spaces on site, bringing the total available parking on site to 58 parking spaces.

The 14 proposed spaces at the rear of the building will be for employees only. Currently, we have an employee only entrance at the rear of the building and we will also be adding additional lighting to this back area.