



**NOTICE OF
ZONING PERMIT** EASTON, CONN.

PERMIT NO. Z-23-5882 DATE August 22, 2023

GRANTED TO Highland Place, LLC

LOCATION 422 Sport Hill Rd

TO ERECT OR BUILD 10' x 36' horse shed (x 2)

Mark DeLieto 08/22/23
Z.E.O. FOR PLANNING AND ZONING COMMISSION
Mark DeLieto

This permit is based on information submitted with your application. If any changes or alterations are to be made which are not covered in the initial application, then a new and additional permit should be obtained.

This Notice should be posted in a conspicuous place where it is readily visible to the enforcement authority during the entire time required to complete the work.



PLANNING AND ZONING COMMISSION

225 Center Road - Easton, Connecticut 06612
Telephone: (203) 268-6291
Town Website: eastonct.gov

APPROVED
AUG 22 2023

By: [Signature] P&Z [Signature] ZBA [Signature]

ZONING PERMIT APPLICATION

- > Aspetuck Health Dept. approval with approved site plan required with submission
> Site Plan* (3 copies) showing proposed location
> Floor Plans/Elevations (3 copies) as required to show compliance with Regulations (i.e. Area, Height, etc.)
> Completed Inland Wetland Determination Form
> If applicable, a Driveway Permit from DPW
> Letter of Authorization if Applicant is not Owner
> Application MUST be complete in its entirety
> Check to the "Town of Easton" w/address in memo

Office Use Only
Date Submitted: 8/15/23
Application #: 2-23-5882
Zoning Permit Fee*: x2 \$ 114.00
* \$1.50 per \$1,000 of Construction (\$25 min.)
State Land Use Fee: + \$ 60.00
CZC Inspection Fee: + \$ 25.00
Total Fee Due: \$ 199.00

* Improvement Location Survey by a surveyor licensed in the State of Connecticut; this requirement may be waived if an as-built survey is on file and it can be clearly established and verifiable in the field, to the satisfaction of the Zoning Enforcement Officer, that the proposed work will not be within the setback area

Property Owner: Highland Place LLC Phone: 203 257 9171
Applicant (if different): Phone:
Property Address: 422 Sport h. ll rd Easton CT 06612
Map No./Subdivision: Vol./Pg.: Variance Vol./Pg.:

Zoning District: [] A (R1) [X] B (R3) Lot Size: 3-037 Sq. Ft. / Acres
Type of Construction: [] New [] Alteration [] Addition [] Renovation [] Conversion
Type of Structure: [] Residential [X] Accessory Structure [] Pool [] Other

Description of Project: Retroactive installation of (2) 10x36 Horse shed. One was relocated

Proposed Setbacks to Structure: Front - 54 ft; Sides - 70 +/- ft; Rear - ft
Is activity in the 100 Year Flood Plain: [] Yes [X] No

Estimated Construction Cost:
Structure Cost \$ 30,000 (Same cost on Building Permit)
Mechanical Cost \$ (Sum of all Mechanical Permits)
Cost of Other Improvements \$ 8,000 (i.e. sitework, driveway, etc.)
TOTAL CONSTRUCTION COST \$ 38,000 (sum of above costs)

I, the undersigned, hereby consent to necessary and proper inspection of the subject premises by a representative of the Planning and Zoning Commission, at reasonable times, both before and after any permit applied for has been granted by the agency. Further, I hereby certify that the above answers are correct and true and that I shall conform to the requirements of the Easton Zoning Regulation.

Owner Signature: [Signature] DATE: 8/15/23 Print Name: MARCEL HUNTER
Applicant Signature: DATE: Print Name:

LAND USE
FILE COPY



TOWN OF EASTON PLANNING & ZONING

Reviewed by
Planning & Zoning Commission

DATE: 8/15/2023

ZONING # 2.23.588.2

Location Address: 422 Spaulding Rd

ZONING PERMIT APPLICATION NEW CONSTRUCTION EROSION & SEDIMENT CONTROL AGREEMENT

I, **HEREBY** agree to adhere to the Easton Zoning Regulations regarding Soil, Erosion & Sedimentation Control as follows for the location stated above:

- Land disturbance will be kept to a minimum; scheduling re-stabilization A.S.A.P
- Hay bale filters will be installed at all culvert outlets & along the toe of all critical cut & fill slopes
- Culvert discharge areas will be protected with rip-rap channels & energy dissipaters will be provided if necessary
- Protect all catch basins with bay hale filters throughout construction & until area is thoroughly stabilized
- Erosion & Sediment Control measures will be in accordance with standards & specifications of the Erosion & Sediment Control Handbook
- Erosion & Sediment control measures will be installed prior to construction if possible
- Control measures will be maintained in effective condition throughout construction
- Additional control measures will be installed during construction if necessary
- Sediment removed from control structures will be disposed consistent with the intent of the plan

- MARSH HENSON is assigned responsibility for implementing Erosion & Sediment Control Plan which includes, Installation & Maintenance Control Measures informing ALL parties engaged on the construction side of the requirements & objectives of the plan, notifying P&Z office #203-268-6291 of any transfer of this responsibility, and for conveying a copy of the Erosion & Sediment Control Plan if title to land is transferred.

Applicant Signature [Signature]
 Owner Signature [Signature]

Date: 8/15/2023
 Date: _____

PLOT PLAN AGREEMENT

I, **HEREBY** acknowledge the requirements of Section 8120 of the TOWN OF EASTON, ZONING REGULATIONS with regard to plot plans:

- Upon completion of the foundation walls or other solid supporting sub-structure and NO LATER than the scheduled inspection date for a back-fill inspection by The Building Department I will comply with referenced regulations
- A CERTIFIED PLOT PLAN must meet the requirements of a LOCATION SURVEY as defined in THE CONNECTICUT STATE, "STANDARDS FOR SURVEY AND MAPS" published by the CONNECTICUT ASSOCIATION OF LAND SURVEYORS

I, **HEREBY** acknowledge that prior to the issuance of a Certificate of Zoning Compliance, I must submit an IMPROVEMENT LOCATION SURVEY defined by the above reference standards.

Applicant Signature: _____
 Owner Signature: _____

Date: _____
 Date: _____



TOWN OF EASTON

Worker's Comp Ins.

or

BUILDING DEPARTMENT

TB (included)

JOB ADDRESS: <u>422 Spent Hill rd</u>	PERMIT #
Owners Name: <u>Highland Clay LLC</u>	Contact # <u>203 257 9171</u>
I, <u>Mont Hunkel</u> , hereby certify that I am the Owner or Authorized Agent of the Owner of the Property herein described and duly authorize, _____ on my behalf to execute an application for Building & Zoning permits and/or approval on my property.	
Signature: <u>[Signature]</u>	Date: <u>8/15/2023</u>

Contractor Name: <u>Horizon Structures</u>	Contact # <u>610 593 7710</u>
Business Address: <u>5075 Lower Valley Rd</u>	City: <u>Atglen, PA</u> State: <u>PA</u> Zip <u>19310</u>
Registration No.	Expiration Date: _____ C.B.Y.D. No.:
Email: <u>Denise@Horizonstructures.com</u>	
JOB DESCRIPTION: (describe on lines below put square footage if applicable)	JOB COST: <u>38,000</u>
<u>(2) 10x36 Horse shed purchase, delivery and placement</u>	
Note: Estimated Job Cost Does Not Include Mechanicals. Mechanical Permits Are Priced Separately	

I, THE UNDERSIGNED, hereby affirm and attest that I am familiar with the requirements & provisions of the CONNECTICUT STATE BUILDING CODES and Ordinances of the TOWN OF EASTON as they apply to the work described above, and I agree to satisfy those requirements in every portion of that work, and to give the applicable local & state requirements precedence over other written specification, drawings and instructions. I further agree to cooperate with and assist the Officials of the TOWN OF EASTON in their inspections of this work, and in the enforcement of applicable local and state codes and regulations. This permit will expire unless the work is commenced within 180 days.

I authorize the TOWN OF EASTON to properly dispose of all residential construction plans two years after issuance of the Certificate of Occupancy unless written request is submitted to the Building Department within that time.

Signature of Applicant: [Signature] Date: 8/15/2023

THIS SECTION TO BE FILLED OUT BY PLAN REVIEWER

ESTIMATED JOB COST	\$ <u>38,000</u>
BUILDING PERMIT FEE	\$ <u>420</u>
CERTIFICATE OF OCCUPANCY FEE	\$
ADMINISTRATION FEE	\$ <u>12.00</u>
TOTAL	\$ <u>432.00</u>

LAND USE
FEE COST

BUILDING OFFICIAL SIGNATURE:	DATE ISSUED:
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State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 3-17-2006

7B

**Proof of Workers' Compensation Coverage when Applying
for a Building Permit for the Sole Proprietor or Property Owner
who WILL act as General Contractor or Principal Employer**

APPLICANT FOR BUILDING PERMIT

Name of Applicant for Building Permit _____
Property located at 422 Spout Hill Rd
in the City / Town of Fairfield

ATTEST

If you are the owner of the above-named property or the sole proprietor of a business doing work on the site of the construction project at the above-named property and you WILL act as the general contractor or principal employer, you must provide proof of workers' compensation insurance coverage for all employees.

Complete this form and, if applicable, sign the Affidavit below in the presence of a Notary Public or a Commissioner of the Superior Court.

CHECK ONE (1) BOX ONLY, provide the appropriate information, and sign:

I am the **OWNER** of the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers' compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

Signature of OWNER Applicant _____

I am the **SOLE PROPRIETOR** of a business doing work at the above-named property. I WILL act as the general contractor or principal employer and, as such, will submit proof of workers' compensation insurance coverage for all employees who are doing work on the site of the construction project at the above-named property.

Signature of SOLE PROPRIETOR Applicant _____

I am the **OWNER** of the above-named property or the **SOLE PROPRIETOR** of a business doing work at the above-named property. I will not personally submit proof of workers' compensation insurance coverage, but I will attest to the following:

AFFIDAVIT

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he or she does work on the site of the construction project at the above-named property in accordance with Section 31-286b of the Workers' Compensation Act.

Signature of OWNER or SOLE PROPRIETOR Applicant [Signature]

Name of Business—if applicable _____

Federal Employer ID# (FEIN)—if applicable _____

Subscribed and sworn to before me this 20 day of Aug, 2003.

Signature of Notary Public / Commissioner of the Superior Court [Signature]

LAND USE
FILE COPY

Pay Comm Exp. 9/30/25

TOWN OF EASTON

Easton Public Works Department

15 Westport Rd, Easton, CT 06612

THIS IS NOT A DRIVEWAY PERMIT

THIS MUST BE FILLED OUT & SIGNED
GO TO DPW FOR ALL DRIVEWAY PERMITS

As part of the process for obtaining a building permit, certain driveway permits, a road opening permit, or certain permits from the Town, the property owner & general contractor are notified that

THE UNLOADING & LOADING OF CONSTRUCTION MACHINERY INCLUDING, BUT NOT LIMITED TO TRACK MACHINERY ON TOWN ROADS SO AS TO DAMAGE THE ROAD, CURBING, OR OTHER TOWN PROPERTY IS PROHIBITED.

Please note that the homeowner and the contractor ***WILL BE RESPONSIBLE*** for any & all damages to the road, curbing, or other Town property.

Final approval of any work covered by a permit will not be made until any damage has either been repaired to satisfaction of the Town or payment for such damage has been made. In the event that you believe there is pre-existing damage for which you as the property owner or general contractor should not be responsible, it is your responsibility to notify the Town prior to unloading and loading any construction equipment so that verification of pre-existing damage can be documented by an employee of, Easton Public Works Department.

Property Location: _____

4722 Spout Hill Rd

WE HAVE READ & UNDERSTAND & ACCEPT THE CONDITIONS OF THIS NOTICE

PROPERTY OWNER

Signature: _____

Mark Hill

Printed Name: _____

MARK HILL

Phone: _____

203 257 9171

Date: _____

8/15/2023

GENERAL CONTRACTOR

Signature: _____

N/A

Printed Name: _____

Phone: _____

Date: _____

**LAND USE
FILE COPY**

RECEIPT DATE 8/22/23 NO. 778484
 RECEIVED FROM Highland Place LLC
 ADDRESS 422 Sport Hill Rd
438 Sport Hill Rd \$ 361.00
 FOR (3) x 10 x 36 sheets
 ACCOUNT 2.23.5882 / 2.23.5885
 AMT. OF ACCOUNT CASH
 AMT. PAID 361.00 CHECK
 BALANCE DUE MONEY ORDER
 BY [Signature]
 ©2011 **REDIFORM** 81829

HIGHLANDPLACE LLC
 422 SPORT HILL RD
 EASTON, CT 06812

201
 50-7044/2223
 57700

8/15/2023
 Date

Pay to the Order of Easton Town \$ 361.00
Three hundred and forty one and 00/100 Dollars
 Photo Safe Deposit Boxes on bank



For Zoning fee (3) 10x36 sheet

[Signature]

⑆ 222370440⑆ 007900817177⑆ 0201

**LAND USE
 FILE COPY**

422 Sport Hill Rd.

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04/19/2020