

PLANNING AND ZONING COMMISSION
TOWN OF HADDAM
30 FIELD PARK DRIVE
HADDAM, CT 06438

RECEIVED
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Lauren.Maselli@gmail.com

APPLICATION FOR SITE PLAN REVIEW

MAP 116 LOT 12-3 LOCATION _____

APPLICANT: Lauren Hebert PHONE: 203-687-6823
ADDRESS: 29 Devonshire Lane

OWNER: Ryan + Lauren Hebert PHONE: 203-687-6823
ADDRESS: 29 Devonshire Lane

ZONE: _____ DEED REFERENCES: Volume _____ Page _____

Zoning regulations under which this application is being made: _____

Completely describe the proposed activities, uses, and structures for which this application is being made: Home business application for Polished Medspa. Would like to use a 10x11 feet room in the house. Business would have clients occasionally visiting the house.

Please include the following items with your application:

1. Application Form
2. Site Plan (as indicated in the Haddam Zoning Regulations)
3. Wetland Agency Permit or Statement from the Wetland Enforcement Officer
4. Any other State, Federal or Local permits required
5. Application Fee

Are there any waivers requested as part of this application? Yes _____ No _____

If yes please explain: _____

The owner applicant hereby grant the Haddam and Zoning Commission, and/or it's designated agent, permission to enter the property for which this permit is requested for the propose of inspection and enforcement of the Haddam Zoning Regulations.

Lauren Hebert
APPLICANT

1/21/21
DATE

[Signature]
OWNER

1/21/21
DATE

ADMINISTRATIVE USE ONLY:

DATE RECEIVED: 3/10/21 FEE \$ 100.00 CHECK# 273 CASH _____
REV. 2/06/12

P2 Permit # 6



Connecticut River Area Health District

455 Boston Post Road, Suite 7
Old Saybrook, CT 06475

Telephone (860) 661-3300 · FAX (860) 661-3333

Fee: \$100.00

Payable to: CRAHD

B-100a: Application

Note: A diagram of the proposed addition or accessory structure in relation to existing structures, property lines, septic system and water source must be shown on attached detailed plot plan. Proposed building plans must also be submitted with this application. Submit any/all septic system information and soil testing available for the subject property.

Circle Town: Old Saybrook Clinton Deep River Haddam

Date: 2/19/21 Property Address: 29 Devonshire Lane

Owners Name: Lauren Hebert Owners Phone #: 203-687-6823

Applicant Name: " Applicant Address: "

Applicant Phone # " Applicant Fax # _____

Existing Structure: [Residential Number of Bedrooms 4]
[Non-Residential _____ Describe _____]

Water Service: Well Public Year Septic System Installed: 2008

Type of Application:

- Building Conversion (Winterization)
- Change in Use (Addition of Bedrooms etc.) Existing Bedrooms _____ Proposed Bedrooms _____
- Building Addition Existing sq.ft _____ Proposed sq.ft _____
- Accessory Structure, ex. Garages, Pools, Sheds, Decks.
- Lot Division, Lot Line Change, Lot Reduction

Give a brief description of proposed application:

We would like to use a 1st floor room as a satellite location for Polished Med Spa. This would also allow us to accept deliveries to our home.

Applicable to Old Saybrook Only: Is the property in the Wastewater Management District: YES NO

Print: Ryan M Hebert Sign: [Signature]
(Owner or authorized agent)

Address: 29 Devonshire Lane Check# 272 Cash _____