



TOWN OF OXFORD
PLANNING & ZONING COMMISSION
S.B. Church Memorial Town Hall
486 Oxford Road, Oxford, Connecticut 06478-1298
www.Oxford-CT.gov

Planning & Zoning Commission
Regular Meeting Agenda
Tuesday, October 6, 2020
7:30 PM - Online/Virtual Meeting

The Planning & Zoning Commission will meet remotely on **Tuesday, October 6, 2020, at 7:30 PM.**

Members of the public and applicants that would like to join us online can access the meeting using the following information:

Option #1: Join with Google Meet
Meeting ID:
meet.google.com/dfq-fpoa-uaj

Option #2: Join by Phone
Phone Numbers:
[\(US\)+1 501-991-4263](tel:+15019914263)
PIN: 512 194 084#

I. CALL TO ORDER

II. PLEDGE OF ALLEGIANCE

III. ROLL CALL

IV. SEATING OF ALTERNATES

V. PUBLIC HEARINGS

A. Recessed Public Hearings – NONE

B. New Public Hearing – NONE

C. Future Public Hearings – NONE

VI. REGULAR MEETING BUSINESS

A. Amendments to the Agenda – NONE

B. Audience of Citizens – (Items not listed on the Agenda)

C. Correspondence

- a. **Bond Release Request** – Haynes Construction Company – Meadowbrook Estates
Letter dated 9/30/20 from Kathy Ekstrom, Development Manager, Haynes Development.

D. Old Business – Matters on which a Public Hearing was held

1. **Z-20-327 [RESA] - 312 Chestnut Tree Hill Road - Owner: Estate of Serge Mihaly, Sr. Applicant: Matthew Mihaly, 111 Booth Hill Road, Trumbull, CT (2-Lot Re-subdivision)**
(Request for waiver of dedication of Open Space) (Request for Waiver of fee in lieu of Open Space)

The following correspondence, submitted with the application, and was already read into the record on 9/15/20:

- a. Letter from the OCCIWA dated 8/28/20 regarding open space.
- b. Letter from OCCIWA dated 8/28/20 regarding fees in lieu of open space.
- c. Revised letter from James H. Galligan, P&Z Engineer dated 3/19/20 (received 8/12/20).
- d. Letter from James H. Galligan, P&Z Engineer dated 8/31/20.
- e. Letter from Matthew Mihaly dated 9/9/20 (Requests for waivers).

Public Hearing closed on 9/15/20, Commission action by 11/17/20.

E. Old Business – Other Matters

F. New Business – Schedule a Public Hearing

The Commission will schedule a Public Hearing on the following application:

1. **Z-20-350 [IND] – 21-23 Nichols Road – Owner & Applicant: TPB Contractors, LLC – c/o Attorney Dominick Thomas, 315 Main Street, Derby CT 06418**
(Modification of a Special Exception) (Site Plan)

Proposed date to hold the Public Hearing is Tuesday, October 20, 2020.

G. New Business

1. **Z-20-340 [COMM] – 140 Oxford Road – Owner: Hazel DeAngelis, 88 North Benham Road, Seymour, CT 06483 - Applicant: Robert Barbien Jr., d/b/a “Chippy’s Service Station, LLC**
(Use Permit)
2. **Z-20-343 [VCMUD] – 316 Center Rock Green – Owner: Oxford Towne Center, LLC Applicant: Allison Zarrelli & Jacque Mihalek d/b/a “Zarmi Bra Boutique, LLC”**
(Use Permit)
3. **Z-20-344 [VCMUD] – 304 Center Rock Green – Owner: Oxford Towne Center, LLC Applicant: Eric Herpin & Carlos Herpin, d/b/a “Barber Nation”**
(Use Permit)
4. **Z-20-344 [COMM] – 248 Oxford Road – Owner: Terry Blake, 3333 Main Street, Suite 200, Stratford, CT 06614 – Applicant: Diane Lydiksen, d/b/a “Studio 34, LLC”**
(Use Permit)

H. Zoning Enforcement

I. Zoning Regulations Subcommittee – Regulations review is postponed at this time.

J. Minutes

1. 9/15/20 - Regular Meeting Minutes

K. Invoices

L. Other Business

1. Any other business the Commission deems necessary for discussion.

M. Adjournment

Respectfully submitted,

Jessica Pennell, Coordinator
Planning & Zoning Commission

HAYNES

Development

September 30, 2020

WPCA and Planning & Zoning
Town of Oxford
SB Church Memorial Town Hall
486 Oxford Road
Oxford, CT 06478-1298

Re: Mountain Road Estates (Meadow Brook Estates)

To Whom It May Concern:

Please be informed that we are targeting to close the last Unit at Meadow Brook Estates on or about October 20, 2020.

We respectfully request any and all bonds be released for the above referenced project.

Thank you in advance for attention to this matter, should you have any questions please feel free to contact me directly at 203-376-7182.

Sincerely,

Kathy. Ekstrom
Development Manager

ke



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 S.B. Church Memorial Town Hall
 486 Oxford Road, Oxford, Connecticut 06478-1298
 www.Oxford-CT.gov

Z#: 20-327
 Date Received: 8/11/20
 Date Accepted: 8/18/20
 Date on Agenda: 8/18/20
 65 Day Exp.: _____
 Extension: _____
 2nd Extension: _____

Planning and Zoning Commission

*** Please Note:**

- Read Instructions Thoroughly Before Completing Form
- This form Must Be Completely Typewritten or Legibly Printed in Ink

1) **APPLICATION:** This is an application for: *(Check the ones that apply)*

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Subdivision | <input checked="" type="checkbox"/> Resubdivision | Total Number of Lots: <u>2</u> |
| <input type="checkbox"/> Zone Change | <input type="checkbox"/> Special Exception | S/E (Include Article & Section No.): _____ |
| <input type="checkbox"/> Excavation | <input type="checkbox"/> Map/Text Amendment | (Include Article & Section No.): _____ |
| <input type="checkbox"/> Site Plan | <input type="checkbox"/> Other | _____ |

Name of Project Title (Subdivision/Resubdivision): _____

2) **PROPERTY LOCATION:**

Street Address: 312 Chestnut Tree Hill Road

Town Clerk Record Map Number: 17-31

Assessor's Identification Numbers:

Map: 31 Block: 5 Lot: 2 Unit: N/A

Zoning District: *(Check One)*

- | | | | |
|---|------------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> RES A | <input type="checkbox"/> RES Golf | <input type="checkbox"/> COM | <input type="checkbox"/> Planned COM |
| <input type="checkbox"/> RES POD | <input type="checkbox"/> Ox Center | <input type="checkbox"/> IND | <input type="checkbox"/> CORP BP <input type="checkbox"/> Other |

Water and Sewer: *(Check the ones that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Municipal Sanitary Sewers | <input checked="" type="checkbox"/> Private Wells |
| <input checked="" type="checkbox"/> On Site Septic Systems | <input type="checkbox"/> Public Water |

Please indicate who will be the **POINT OF CONTACT:**

(All communications and correspondence will be directed to the Point of Contact)

(Check one)

- APPLICANT OWNER LAND SURVEYOR ENGINEER ARCHITECT

3) **APPLICANT:** Matthew Mihaly

Address: 111 Booth Hill Road

Town: Trumbull State: CT Zip Code: 06601

Phone: (203) 556-0509 Fax: () _____ Email: _____

4) **OWNER(s):** Same as applicant

Address: _____

Town: _____ State: _____ Zip Code: _____

Phone: () _____ Fax: () _____ Email: _____

5) APPLICANT'S OWNERSHIP INTEREST: _____

6) LAND SURVEYOR: _____ REG. No: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Phone: () _____ Fax: () _____ Email: _____

7) CIVIL ENGINEER: Paul J. Bumbero Sr REG. No: _____

Address: 7 Hemlock Road

Town: Newtown State: CT Zip Code: 06470

Phone: (203) 530-9779 Fax: () _____ Email: _____

8) ARCHITECT: _____ REG. No: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Phone: () _____ Fax: () _____ Email: _____

9) PREFERRED OR RECOMMENDED NAMES OF NEW ROADS TO BE CONSTRUCTED: _____

(Subject to BOS Approval)

(Check One) Private Road Town Road _____ Length of Road

10) STATUS OF WETLANDS PERMIT: Pending

(Please Provide a Copy)

11) ACREAGE OF OPEN SPACE and/or CONSERVATION EASEMENTS: _____

12) SURETY OPTION (See Article 9 of Subdivision Regulations):

(Check the one that applies)

Improvements will be completed prior to endorsement and filing of record subdivision.

Surety will be provided.

Conditional approval is requested.

13) WAIVERS:

(Check the one that applies)

No waivers of the subdivision regulations are required.

Waivers of one or more sections of the subdivision regulations are requested.

(Please provide a written description of the reason for the waiver and attached to and make part of this application.)

14) EARTH EXCAVATION:

(Check one)

Yes No

If yes, how many cubic yards of material to be removed, filled, and/or dispersed. _____ cubic yards.

15) FLOOD ZONE:

(Check one)

Yes No If yes, what zone. _____

16) APPLICATION/SUPPORTING DOCUMENTS:

(Indicate Attached or Not Applicable)

_____ Project Narrative Letter

_____ Fire Marshal's Review

Record Subdivision Plan

_____ Letter from Public Water Supply

<input checked="" type="checkbox"/> Site Development Plan	_____ P.D.D.H. Approval
_____ Plan and Profile	_____ Inland Wetlands Approval
_____ Standard Construction Details	_____ W.P.C.A. Approval
_____ Connecticut Highway Department	_____ Legal Boundary Description
_____ Engineering Department Review	_____ Zoning and Subdivision History
_____ Drainage Calculations	_____ Certificate from Assessor
_____ Other: _____	_____ Other: _____

17) REFERRALS:

(Check the ones that apply)

- A portion of the property effected by the decision of the Commission is located within five hundred (500) feet of the boundary of an adjoining municipality.
- A portion of the sewer or water drainage from the project site will flow through and significantly impact the sewage system within the adjoining municipality.
- Water run-off from the improved site will impact streets or other municipal or private property within the adjoining municipality.
- Subdivision/Resubdivision includes land which abuts or is partially located in the Town of _____.
- Referral to Regional Planning Agencies is required.

If any of the above applies, the applicant is required to give written notice of his/her application to the adjoining municipality and submit a copy to P&Z. Notification must be by **CERTIFIED MAIL/RETURN RECEIPT.**

18) APPLICATION FEES: (Additional fees may apply – See Schedule of Fees)

Application Fee is as follows:

_____ Building Lots (x) \$ _____ per lot = \$ _____

_____ Cubic yards (x) \$100 for each 1,000 cubic yards = \$ _____

Public Hearing Fee = \$ _____

State Fee = \$ _____

Total Fee = \$ _____ (Ck#) _____

19) AUTHORIZATION AND ENDORSEMENTS:

a) APPLICANT:

I (we) hereby certify that I (we) are making this application on behalf of and with full authority of the owner(s) of the property or premises and am aware of and understand the Zoning and/or Subdivision Regulations pertinent to the application and affirm that the statements and information provided are accurate and true. Further, the undersigned hereby authorizes the Town of Oxford and its agents, to access the premises during normal business hours or hours of construction, for the purpose of pre and post application investigations, inspection of improvements or construction, and enforcement of the Zoning and/or Subdivision Regulations, Town Ordinances, and/or General Statutes of the State of Connecticut, as may be applicable and/or amended.

APPLICANT SIGNATURE _____

b) PROPERTY OWNER(s):

The undersigned, being all of the owners of the premises referred above, hereby consent to the filing of this application together with meeting of all requirements of the applicant by the Commission for same.

OWNER SIGNATURE 

NAME PRINTED Matthew Mihaly DATE _____

20) INFORMATIONAL:

Communications with and recommendations from contracted P&Z staff are the sole responsibility of the applicant.

21) ACTION TAKEN:

(This SECTION is to be filled out by Planning & Zoning Staff ONLY)

DENIED / **APPROVED**
(Check One)

APPROVED WITH CONDITIONS **Yes** or **No**
(Check One)

See Letter dated _____ for **DETAILS** of **ACTION** taken and attach a copy hereto.

BY: _____ DATE _____
(Name & Title)



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RECEIVED
8/31/20

Conservation Commission / Inland Wetlands Agency

August 28, 2020

To: The Chairman of Planning and Zoning Commission, Town of Oxford, Connecticut
Re: 312 Chestnut Tree Hill Rd Subdivision

Dear Chairperson,

As you may know the Inland Wetlands Commission wears two hats. The second is the Conservation Commission. Our primary directive by state mandate is to advise the Zoning Commission on decisions about development and subdividing. Most importantly open space acquisition and fees in lieu of.

I thank you in advance

Sincerely,

Susan Purcella Gibbons
Chairman of Conservation Commission.

RECEIVED
8/31/20



TOWN OF OXFORD
S.B. Church Memorial Town Hall
486 Oxford Road, Oxford, Connecticut 06478-1298
www.Oxford-CT.gov

Conservation Commission / Inland Wetlands Agency

August 28, 2020

To: The Chairman of Planning and Zoning Commission, Town of Oxford, Connecticut
Re: 312 Chestnut Tree Hill Rd Subdivision

Dear Chairperson and Commissioners:

After a full review of the subdivision layout for 312 Chestnut Tree Hill Rd the Commission makes this recommendation to the Zoning Board:

The lot layout does not have any location for open space. The Commission agrees with this. We do not believe in the taking of land at this location has any great benefit. The State of Ct. has open forest land across Old Litchfield Road. Oxford Zoning does allow for receiving monetary funds in lieu of land. The Conservation Commission is unanimously in favor of this. We do not recommend a waiver of open space donation. As you may know these funds are used to purchase larger parcels of land for open space. These funds are crucial to helping add open space land. These purchases help keep taxes low by preventing other residential development. Purchasing open space helps retain Oxford rural character.

Thank you in advance.

By Direction of the Commission,

Denise Randall
Admin. Assistant Conservation Commission.



NAFIS & YOUNG ENGINEERS, INC

CIVIL / ENVIRONMENTAL
ENGINEERING & SURVEYING

March 19, 2020



Mr. David T. Sauter, Chairman
Planning and Zoning Commission
Town of Oxford
486 Oxford Road
Oxford, CT 06478

Re: 312 Chestnut Tree Hill Road, Oxford, CT

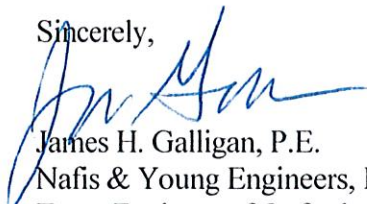
Dear Mr. Sauter:

Nafis & Young Engineers, Inc. (NYE) is in receipt of revised Plans for the above-referenced site. The Applicant has reduced the project from a four (4) lot re-subdivision to a two (2) lot re-subdivision. One of the lots is the existing homestead on Chestnut Tree Hill Road. Access to the second lot is proposed from Old Litchfield Turnpike. We offer the following:

1. Cross pitch the driveway on Lot #2 so as to drain towards the proposed rain garden.
2. Clarify the limit of disturbance on Lot #2.
3. Clarify the location of the silt fencing on Lot #2.
4. Please provide grading for the proposed septic system.
5. Delete the "Road Section" detail.
6. Please provide driveway detail, check dam detail and rip rap detail.

If you should have any questions, please feel free to reach out to me at 203-314-8041.

Sincerely,


James H. Galligan, P.E.
Nafis & Young Engineers, Inc.
Town Engineer of Oxford



NAFIS & YOUNG ENGINEERS, INC

CIVIL / ENVIRONMENTAL
ENGINEERING & SURVEYING

RECEIVED
8/31/20

August 31, 2020

Mr. David T. Sauter, Chairman
Planning and Zoning Commission
Town of Oxford
486 Oxford Road
Oxford, CT 06478

Re: 312 Chestnut Tree Hill Road, Oxford, CT

Dear Mr. Sauter:

Nafis & Young Engineers, Inc. (NYE) is in receipt of revised Plans for the above-referenced site. All of the comments in our letter dated August 5, 2020 have been addressed. We have no further comment.

If you should have any questions, please feel free to reach out to me at 203-314-8041.

Sincerely,

James H. Galligan, P.E.
Nafis & Young Engineers, Inc.
Town Engineer of Oxford

RECEIVED
9/9/20

September 9, 2020

Matthew Mihaly
111 Booth Hill Rd.
Trumbull, CT 06611

Mr. David T. Sauter, Chariman
Planning and Zoning Commission
Town of Oxford
486 Oxford Rd
Oxford, CT 06478

Re: 312 Chestnut Tree Hill Rd, Oxford, CT

Dear Mr. Sauter

Section 1.2.10 of the Oxford Subdivision Regulations allows the commission to waive the requirements for dedication of open space or payment of a fee in lieu for subdivisions and re-subdivisions consisting of three lots or less.

I am asking that you waive the fee as allowed by that section as the application is for two lots. One of those lots already has existing structures on it. Both lots will consist of roughly 4 acres which is twice the minimum lot size. Across the street from Old Litchfield Turnpike, on which both lots border, is the Naugatuck State Forest consisting of thousands of acres of open space. The re-subdivision with the oversized lots maintains the rural character of the neighborhood without the need for dedicating new open space. The reduction in the number of lots from the previous application also reduces the potential sale proceeds and thus the funds to pay the fee in lieu of open space.

Thank you for considering this.

Sincerely,

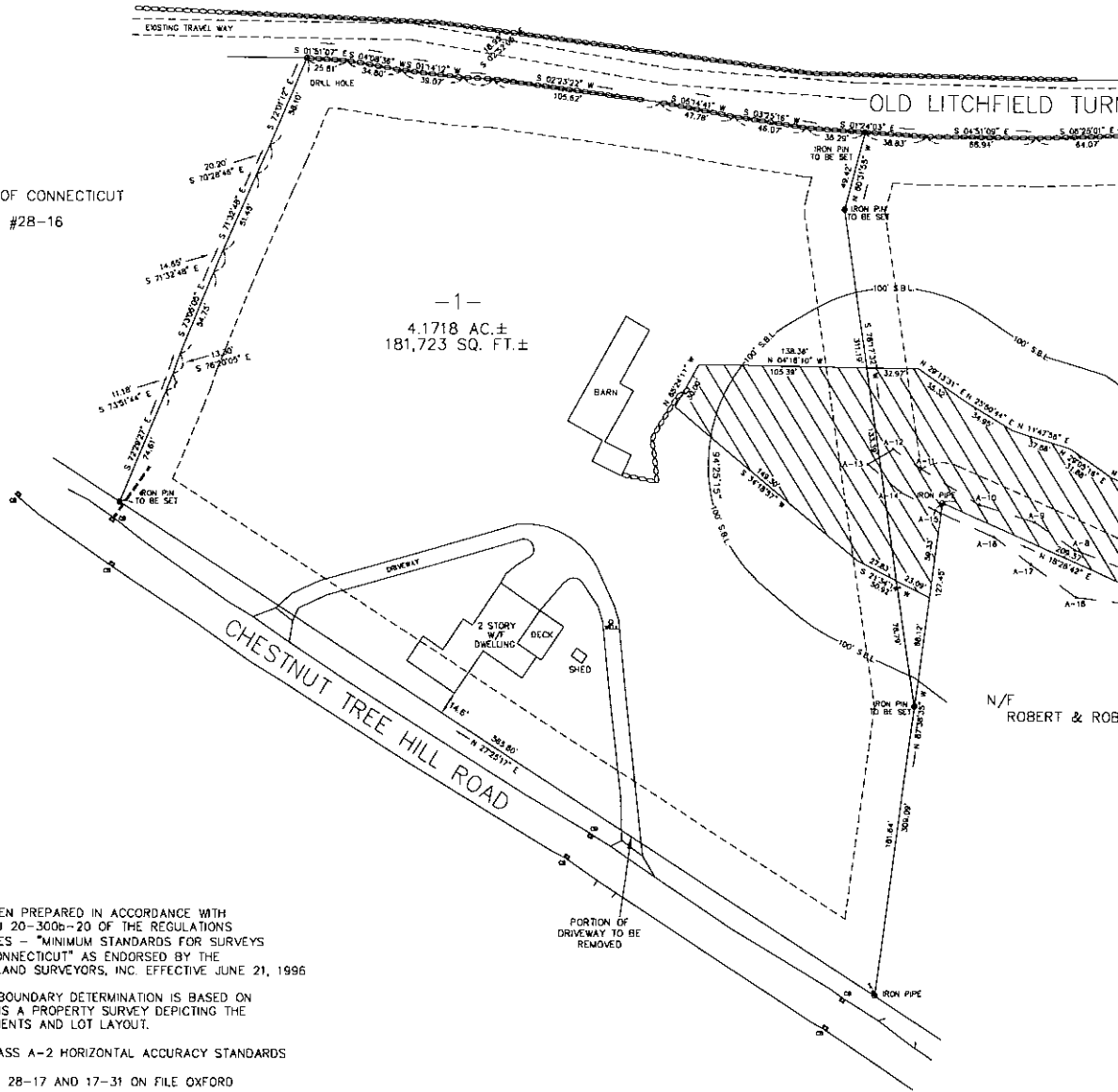


Matthew Mihaly



N/F
STATE OF CONNECTICUT
R.M. #28-16

N/F
STATE OF CONNECTICUT
R.M. #28-16



N/F
ROBERT & ROBERT

NOTE:

- 1.) THIS SURVEY AND MAP HAS BEEN PREPARED IN ACCORDANCE WITH THE SECTIONS 20-300b-1 THRU 20-300b-20 OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES - "MINIMUM STANDARDS FOR SURVEYS AND MAPS IN THE STATE OF CONNECTICUT" AS ENDORSED BY THE CONNECTICUT ASSOCIATION OF LAND SURVEYORS, INC. EFFECTIVE JUNE 21, 1996

THIS IS A RESUBDIVISION MAP. BOUNDARY DETERMINATION IS BASED ON A DEPENDENT RESURVEY. THIS IS A PROPERTY SURVEY DEPICTING THE POSITION OF EXISTING IMPROVEMENTS AND LOT LAYOUT.
- 2.) THIS SURVEY CONFORMS TO CLASS A-2 HORIZONTAL ACCURACY STANDARDS
- 3.) REFER TO MAPS 24-14, 28-16, 28-17 AND 17-31 ON FILE OXFORD TOWN CLERK'S OFFICE
- 4.) NORTH BASED ON MAP 17-31 (NOTE 3)
- 5.) PROPERTY IS NOT LOCATED IN A FLOOD ZONE, ACCORDING TO FLOOD INSURANCE RATE MAP, NEW HAVEN COUNTY, CONNECTICUT, PANEL 254 OF 635, MAP NUMBER 09009C0254H, EFFECTIVE DATE DECEMBER 17, 2010.
- 6.) PROPERTY IS LOCATED IN RESIDENCE "A" DISTRICT, TAX MAP 37 BLOCK 5 LOT 2
- 7.) PROPERTY TO BE SERVED BY PRIVATE WELLS AND ENGINEERED SUB-SURFACE SEWAGE DISPOSAL SYSTEMS.
- 8.) TOTAL AREA = 8.174 AC.±, WETLAND AREA = 0.376 AC.±
- 9.) THE LOTS AS DESIGNED ALLOW FOR SOLAR ACCESS
- 10.) IRON PINS TO BE SET AT LOT CORNERS

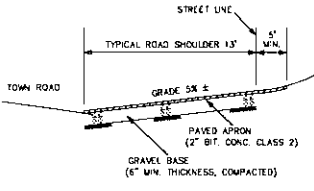
APPROVED BY THE OXFORD PLANNING AND ZONING COMMISSION

CHAIRMAN _____ DATE: _____

SECRETARY _____ DATE: _____

ALL IMPROVEMENTS SO NOTED ON THESE PLANS SHALL BE COMPLETED WITHIN A FIVE YEAR PERIOD COMMENCING FROM DATE OF APPROVAL.

N/F
STATE OF CONNECTICUT
R.M. #28-16



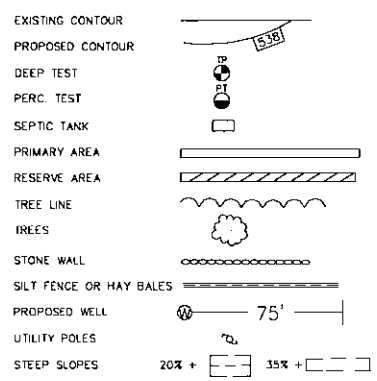
DEEP TEST(S): A, B, C, D, E, F, G, H, I, J, K, L
M, N, O, P, Q, R, S, T, U
CONDUCTED FEBRUARY 15, 2018

TEST	SOIL	LEDGE	WATER	MOTT.
A	0 - 4" TOPSOIL 4" - 24" RED-BROWN GRAVEL FILLED 24" - 84" FINE, TAN MEDIUM TO FINE SAND CLAY SILTY ROOTS TO 36"	NONE	NONE	NONE
B	0 - 12" TOPSOIL 12" - 33" ORANGE-TAN SILTY BUSSOL 33" - 43" TAN, FINE SAND, SILTY 43" - 54" BROWN FINE, SILTY MICA AND STONY	NONE	NONE	42"
C	0 - 4" TOPSOIL 4" - 48" FINE GRAY SAND UPPER SIDE FINE TAN SILTY LOWER SIDE	48"	NONE	NONE
D	0 - 12" TOPSOIL 12" - 30" ORANGE-BROWN FINE SAND AND SILT 30" - 84" TAN BROWN FINE SILTY MICA AND STONY	NONE	NONE	NONE
E	0 - 10" TOPSOIL 10" - 30" RED-BROWN SUBSOIL 30" - 84" TAN, BROWN, FINE, SILTY MICA AND STONY	NONE	65"	30"
F	0 - 24" TOPSOIL 24" - 33" ORANGE-BROWN SUBSOIL 33" - 84" TAN, BROWN, FINE, SILTY MICA AND STONY	NONE	NONE	52"
G	0 - 8" TOPSOIL 8" - 24" ORANGE-BROWN SUBSOIL 24" - 84" TAN, BROWN, FINE, SILTY MICA AND STONY	48"	NONE	NONE
H	0 - 14" TOPSOIL 14" - 34" RED-BROWN SUBSOIL 34" - 48" TAN, SILTY, STONY ROOTS TO 36"	40"	NONE	NONE
I	0 - 10" TOPSOIL 10" - 33" TAN SILTY SUBSOIL LEUDGE LOWER SIDE 33" LEUDGE LOWER SIDE 33"	22"	NONE	NONE
J	0 - 8" TOPSOIL 8" - 24" RED-BROWN SUBSOIL 24" - 84" TAN BROWN FINE SILTY MICA AND STONY	51"	NONE	NONE
K	0 - 8" TOPSOIL 8" - 18" RED-BROWN SUBSOIL 18" - 38" TAN BROWN FINE SILTY MICA AND STONY	28"	NONE	NONE
L	0 - 8" TOPSOIL 8" - 20" RED-BROWN SUBSOIL 20" - 84" TAN BROWN FINE SILTY MICA AND STONY	51"	NONE	NONE

MINIMUM LEACHING SYSTEM SPREAD
LOT MLSS HF X FF X PF = MLSS
LOT -1- MLSS 18 X F1.75 X 1.25 = 39.4 FT.
LOT -2- MLSS 18 X F1.75 X 1.25 = 39.4 FT.

M	0 - 10" TOPSOIL 10" - 24" RED-BROWN SUBSOIL 24" - 84" TAN MEDIUM TO FINE SAND AND STONY	NONE	NONE	NONE
N	0 - 10" TOPSOIL 10" - 21" RED-BROWN SUBSOIL 21" - 84" TAN, MEDIUM TO FINE SAND AND SILT	NONE	60"	NONE
O	0 - 8" TOPSOIL 8" - 18" TAN-BROWN SUBSOIL 18" - 84" TAN, MEDIUM TO FINE SAND AND SILT	NONE	NONE	NONE
P	0 - 10" TOPSOIL 10" - 18" TAN SUBSOIL 18" - 84" NOT REFUSAL	NONE	NONE	NONE
Q	0 - 8" TOPSOIL 8" - 18" ORANGE-BROWN SUBSOIL 18" - 84" TAN FINE SAND AND SILT SILTY WITH SMALL STONES	NONE	26"	NONE
R	0 - 8" TOPSOIL 8" - 20" ORANGE-BROWN SUBSOIL 20" - 84" TAN, MEDIUM TO FINE SAND, SILTY WITH SMALL STONES	NONE	NONE	NONE
S	0 - 8" TOPSOIL 8" - 18" TAN-BROWN SUBSOIL 18" - 84" TAN, MEDIUM TO FINE SAND, SILTY WITH SMALL STONES	NONE	42"	NONE
T	0 - 8" TOPSOIL 8" - 21" ORANGE-BROWN SUBSOIL 21" - 84" TAN MEDIUM TO FINE SAND, SILTY WITH SMALL STONES	NONE	NONE	NONE
U	0 - 10" TOPSOIL 10" - 18" ORANGE-BROWN SUBSOIL 18" - 84" TAN, MEDIUM TO FINE SAND, SILTY WITH SMALL STONES	NONE	80"	NONE

LEGEND:



NOTES:

- 1) GRAVITY SEPTIC SYSTEMS ARE VABLE ON ALL LOTS AS SUBDIVIDED.
- 2) OIL TANKS TO BE LOCATED INSIDE DWELLINGS.
- 3) TOPOGRAPHY FROM GIS AND FIELD SPOT ELEVATIONS, ASSUMED DATUM.
- 4) DRIVEWAYS TO CONFORM TO CURRENT TOWN REGULATIONS

HEMRAJ KHONA P. E. #9947
20 TOPAZ LANE
TRUMBULL, CONN. 06611
PHONE: 203-459-2471

PERCOLATION TEST P-1			PERCOLATION TEST P-3			PERCOLATION TEST P-4		
TIME	READING	DROPP	TIME	READING	DROPP	TIME	READING	DROPP
12:10	11.5"	1"	12:14	4"	2"	12:16	4"	2"
12:20	11.5"	1"	12:24	8.25"	2.25"	12:28	8.25"	2.25"
12:30	12.25"	0.75"	12:34	8.25"	1.75"	12:38	10"	1.75"
12:40	12.75"	0.5"	12:44	10"	1.75"	12:48	11.75"	1.5"
12:50	13.25"	0.5"	12:54	11.75"	1.5"	12:58	13.5"	1.5"
1:00	12.25"	0.5"	1:04	13.5"	1.5"	1:08	13.5"	1.5"
1:10	14.25"	0.5"	1:14	14.25"	1.5"	1:18	14.25"	1.5"

PERCOLATION TEST P-2			PERCOLATION TEST P-4			PERCOLATION TEST P-4		
TIME	READING	DROPP	TIME	READING	DROPP	TIME	READING	DROPP
12:12	11.5"	1"	12:17	8"	4.5"	12:20	8"	4.5"
12:22	14.5"	2"	12:24	12.5"	2.75"	12:26	12.5"	2.75"
12:32	16.25"	2.25"	12:34	15.25"	1.5"	12:36	15.25"	1.5"
12:42	18"	2"	12:44	17.25"	1.75"	12:46	17.25"	1.75"
12:52	21"	2"	12:54	18.5"	1.75"	12:56	18.5"	1.75"
1:02	23"	2"	1:04	21.25"	1.75"	1:06	21.25"	1.75"
1:12	24.5"	1.5"	1:14	22.25"	1"	1:16	22.25"	1"

PERCOLATION TEST P-1 / 20 MIN.			PERCOLATION TEST P-1 / 6.7 MIN.			PERCOLATION TEST P-1 / 10 MIN.		
TIME	READING	DROPP	TIME	READING	DROPP	TIME	READING	DROPP
12:12	11.5"	1"	12:17	8"	4.5"	12:20	8"	4.5"
12:22	14.5"	2"	12:24	12.5"	2.75"	12:26	12.5"	2.75"
12:32	16.25"	2.25"	12:34	15.25"	1.5"	12:36	15.25"	1.5"
12:42	18"	2"	12:44	17.25"	1.75"	12:46	17.25"	1.75"
12:52	21"	2"	12:54	18.5"	1.75"	12:56	18.5"	1.75"
1:02	23"	2"	1:04	21.25"	1.75"	1:06	21.25"	1.75"
1:12	24.5"	1.5"	1:14	22.25"	1"	1:16	22.25"	1"



TOWN OF OXFORD

S.B. Church Memorial Town Hall
486 Oxford Road, Oxford, Connecticut 06478-1298
www.Oxford-CT.gov

Z#:	<u>2-20-350</u>
Date Received:	_____
Date Accepted:	_____
Date on Agenda:	_____
65 Day Exp.:	_____
Extension:	_____
2 nd Extension:	_____

Planning and Zoning Commission

*** Please Note:**

- Read Instructions Thoroughly Before Completing Form
- This form Must Be Completely Typewritten or Legibly Printed in Ink

1) **APPLICATION:** This is an application for: *(Check the ones that apply)*

- | | | | |
|---|--|--|------------------------------|
| <input type="checkbox"/> Subdivision | <input type="checkbox"/> Resubdivision | Total Number of Lots: _____ | Art 2, Sec 2.14a |
| <input type="checkbox"/> Zone Change | <input checked="" type="checkbox"/> ^{Modification of} Special Exception | S/E (Include Article & Section No.): _____ | Art 9, Sec 9.3.21 |
| <input type="checkbox"/> Excavation | <input type="checkbox"/> Map/Text Amendment | (Include Article & Section No.): _____ | Art 10, Sec 10.7.2(6) |
| <input checked="" type="checkbox"/> Site Plan | <input type="checkbox"/> Other _____ | | |

Name of Project Title (Subdivision/Resubdivision): _____

2) **PROPERTY LOCATION(s):**

a) Street Address: 21 & 23 Nichols Road

Town Clerk Record Map Number: N/A

Assessor's Identification Numbers:

Map: 18 Block: 30 Lot: 6 & 6-1 Unit: _____

Zoning District: *(Check One)*

- | | | | |
|----------------------------------|------------------------------------|---|---|
| <input type="checkbox"/> RES A | <input type="checkbox"/> RES Golf | <input type="checkbox"/> COM | <input type="checkbox"/> Planned COM |
| <input type="checkbox"/> RES POD | <input type="checkbox"/> Ox Center | <input checked="" type="checkbox"/> IND | <input type="checkbox"/> CORP BP <input type="checkbox"/> Other |

Water and Sewer: *(Check the ones that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Municipal Sanitary Sewers | <input type="checkbox"/> Private Wells |
| <input type="checkbox"/> On Site Septic Systems | <input type="checkbox"/> Public Water |

b) Street Address: _____

Town Clerk Record Map Number: _____

Assessor's Identification Numbers:

Map: _____ Block: _____ Lot: _____ Unit: _____

Zoning District: *(Check One)*

- | | | | |
|----------------------------------|------------------------------------|------------------------------|---|
| <input type="checkbox"/> RES A | <input type="checkbox"/> RES Golf | <input type="checkbox"/> COM | <input type="checkbox"/> Planned COM |
| <input type="checkbox"/> RES POD | <input type="checkbox"/> Ox Center | <input type="checkbox"/> IND | <input type="checkbox"/> CORP BP <input type="checkbox"/> Other |

Water and Sewer: *(Check the ones that apply)*

- | | |
|--|--|
| <input type="checkbox"/> Municipal Sanitary Sewers | <input type="checkbox"/> Private Wells |
| <input type="checkbox"/> On Site Septic Systems | <input type="checkbox"/> Public Water |

Please indicate who will be the POINT OF CONTACT:

(All communications and correspondence will be directed to the Point of Contact)

(Check one)

APPLICANT OWNER LAND SURVEYOR ENGINEER ARCHITECT

3) APPLICANT: TPB CONTRACTORS, LLC

Address: C/O Atty. Dominick Thomas, 315 Main Street
Town: Derby State: CT Zip Code: 06418
Phone: (203) 735-9521 Fax: (203) 7382-8129 Email: djt@cohen-thomas.com

4) OWNER(s): T&C PARTNERS, LLC

Address: C/O Atty. Dominick Thomas, 315 Main Street
Town: Derby State: CT Zip Code: 06418
Phone: (203) 735-9521 Fax: (203) 732-8129 Email: djt@cohen-thomas.com

5) APPLICANT'S OWNERSHIP INTEREST: Common ownership of LLCs / tenant of owner

6) LAND SURVEYOR: _____ REG. No: _____

Address: _____
Town: _____ State: _____ Zip Code: _____
Phone: (____) _____ Fax: (____) _____ Email: _____

7) CIVIL ENGINEER: JAMES SWIFT REG. No: _____

Address: 1
Town: _____ State: _____ Zip Code: _____
Phone: (203) 209-3746 Fax: (____) _____ Email: jim@swiftpe.com

8) ARCHITECT: _____ REG. No: _____

Address: _____
Town: _____ State: _____ Zip Code: _____
Phone: (____) _____ Fax: (____) _____ Email: _____

9) PREFERRED OR RECOMMENDED NAMES OF NEW ROADS TO BE CONSTRUCTED: _____

(Subject to BOS Approval)

(Check One) Private Road Town Road _____ Length of Road

10) STATUS OF WETLANDS PERMIT: PREVIOUSLY APPROVED

(Please Provide a Copy)

11) ACREAGE OF OPEN SPACE and/or CONSERVATION EASEMENTS: N/A

12) SURETY OPTION (See Article 9 of Subdivision Regulations): N/A

(Check the one that applies)

- Improvements will be completed prior to endorsement and filing of record subdivision.
- Surety will be provided.
- Conditional approval is requested.

13) WAIVERS: _____

(Check the one that applies) N/A

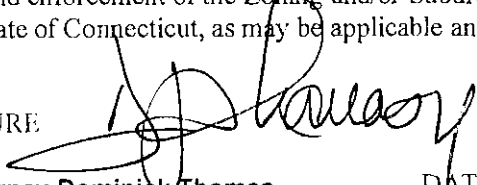
- No waivers of the subdivision regulations are required.
- Waivers of one or more sections of the subdivision regulations are requested.
(Please provide a written description of the reason for the waiver and attached to and make part of this application.)

19) AUTHORIZATION AND ENDORSEMENTS:

a) APPLICANT:

I (we) hereby certify that I (we) are making this application on behalf of and with full authority of the owner(s) of the property or premises and am aware of and understand the Zoning and/or Subdivision Regulations pertinent to the application and affirm that the statements and information provided are accurate and true. Further, the undersigned hereby authorizes the Town of Oxford and its agents, to access the premises during normal business hours or hours of construction, for the purpose of pre and post application investigations, inspection of improvements or construction, and enforcement of the Zoning and/or Subdivision Regulations, Town Ordinances, and/or General Statutes of the State of Connecticut, as may be applicable and/or amended.

APPLICANT SIGNATURE _____



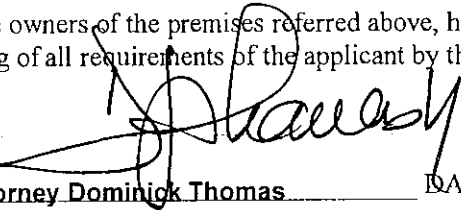
NAME PRINTED Attorney Dominick Thomas
Attorney for Applicant

DATE 9/25/2020

b) PROPERTY OWNER(s):

The undersigned, being all of the owners of the premises referred above, hereby consent to the filing of this application together with meeting of all requirements of the applicant by the Commission for same.

OWNER SIGNATURE _____



NAME PRINTED Attorney Dominick Thomas

DATE 9/25/2020

Attorney for Owner

20) INFORMATIONAL:

Communications with and recommendations from contracted P&Z staff are the sole responsibility of the applicant.

21) ACTION TAKEN:

(This SECTION is to be filled out by Planning & Zoning Staff ONLY)

DENIED / APPROVED
(Check One)

APPROVED WITH CONDITIONS Yes or No
(Check One)

See Letter dated _____ for DETAILS of ACTION taken and attach a copy hereto.

BY: _____ DATE _____
(Name & Title)



TOWN OF OXFORD
 S.B. Church Memorial Town Hall
 486 Oxford Road, Oxford, Connecticut 06478-1298
 www.Oxford-CT.gov

Planning and Zoning Commission

Application #: Z-20-350
 Date: September 25, 2020

STATEMENT OF USE
 Article 11, Section 2

Property Address: 21-23 Nichols Road Zone: IND Map: 18 Block: 30 Lot: 6 & 6-1

APPLICANT: T & C PARTNERS LLC and TPB CONTRACTORS LLC
 Address: C/O Attorney Dominick Thomas, 315 Main Street
 Town: Derby State: CT Zip Code: 06418
 Phone: (203) 735-9521 Fax: (203-) 732-8129 Email: djt@cohen-thomas.com

OWNER(s): T & C PARTNERS LLC
 Address: 21 Nichols Road
 Town: Oxford State: CT Zip Code: 06478
 Phone: () Fax: () Email:

Name of Proposed Business: TpB Contractors LLC

Total Square Footage Existing building -6000 + s/f Hours of Operation: See Addendum

Number of Employees: Self Number of Parking Spaces: N/A

List Hazardous and/or Chemicals Material on site (In & Outdoor): None
 (Must provide MSDS Sheets if applicable)

Provide Approval from: PDDH _____ Fire Marshal _____ Other _____

Description of Business (Include as much detail as possible or the application will be considered incomplete)

SEE ATTACHED ADDENDUM.

I (we) hereby certify that I (we) are making this application on behalf of and with full authority of the owner(s) of the property or premises and am aware of and understand the Zoning and/or Subdivision Regulations pertinent to the application and affirm that the statements and information provided are accurate and true. Further, the undersigned hereby authorizes the Town of Oxford and its agents, to access the premises during normal business hours or hours of construction, for the purpose of pre and post application investigations, inspection of improvements or construction, and enforcement of the Zoning and/or Subdivision Regulations, Town Ordinances, and/or General Statutes of the State of Connecticut, as may be applicable and/or amended.

I understand that if any of the above statements are false, I may be subject to fines and/or penalties.

Dominick J. Thomas, Jr.
 Applicant's Signature
 Attorney for Applicant and Owner

9/25/2020
 Date

STATEMENT OF USE ADDENDUM

The Commission approved a Contractor Yard Special Exception in 2018 without rock processing. The Commission then enacted new regulations (Sec. 2.14a and 10.7 et seq.) which permit rock processing as part of a contractor yard use. This application is to modify the approved special exception permit to permit rock processing in a building as per Section 10.7.2(6). The building has been previously reviewed by the Commission. Rock processing, when needed, would be performed Monday to Friday between the hours of 8:00am and 5:00pm and Saturday from 8:00am to 12:00pm. There would be no rock processing on Sunday or holidays. A modified site plan, previously reviewed by the Commission, is submitted herewith along with a building elevation. The proposed processing building and site plan are exactly as approved by the Commission for the settlement of the pending zoning appeal.

PLANNING & ZONING COMMISSION

TOWN OF OXFORD
486 Oxford Road
Oxford, CT 06478
(203) 888-2543

NEW USE

Z#: 2-20-340
Date Rec'd: _____
Date on Agenda: 10-6-20
65-Day Expiration: _____

ZONING PERMIT APPLICATION

(This permit is hereby applied for in accordance with the requirements of the Oxford Zoning Regulations)

Property Identification

Street Address: 140 Oxford Road
Subdivision Name: _____ Date Approved: _____
Map: 35 Block: 7 Lot: 1 Zoning district: _____

Owner/Applicant

Owner Name: Hazel De Angelis
Owner Address: 88 North Benham Rd. Seymour
Owner Telephone: _____

Applicant Name: Robert Barbieri Jr.
Applicant Address: 3 Roosevelt Drive Seymour 06483
Applicant Telephone: 203-410-9399

Miscellaneous Information

Special Exception: Article _____ Section _____ Yes No
Site Plan Approval: Article _____ Section _____ Yes No
Estimated Cost of Construction: _____
Variance Granted: _____ Date Granted: _____

Signatures/Authorization

Application for Zoning Permit approval as described herein is hereby made. The Oxford Planning & Zoning Commission and its technical staff are authorized to enter the property for the purpose of evaluating this application.

Permit Void If: a) Work or activity not commenced within 1 year of the date of issuance or b) Authorized construction not completed within 2 years of the date of issuance.

This permit, if issued, is based upon the plot plan submitted. Falsification, by misrepresentation or omission, or failure to comply with the conditions of approval of this permit constitute a violation of the Oxford Zoning Regulations.


Property Owner or Agent

9/18/2020
Date

#3590 Town Fee
3800 State Fee
Total Fee

Purpose

- New Home
- Addition
- Garage
- Cottage Business
- Swimming Pool IG AG
- Sign
- Shed
- Barn
- Change of Use
- Excavating/Filling
- Trailer
- Other _____

Use

- Single-Family Residence
- Multi-Family Residence
- Commercial
- Industrial
- Residential/POD
- Other _____

Required Approvals and Dates

- Inland Wetlands _____
- P.D.D.H. _____
- Fire Marshal _____
- Z.B.A. _____
- W.P.C.A. _____
- Floodplain _____
- Copy of Deed _____
- Driveway _____
- Erosion Control Plan _____
- Plot Plan *
- Other _____

*Draw plot plan of proposed construction and attach. Plan must show property boundaries and dimensions; location of proposed buildings on property with respect to boundaries; location of existing buildings on property; outside dimensions of all buildings proposed or now existing; location of water supply; location of sewage system. All copies must have a complete sketch. Construction and use must be exactly as described in this application. If later changes from this plan are desired prior approval of an amended application is necessary.

Denied Approved By: Steven J. Macoy Date: 9/18/20
Reason for Denial Title: ZEO

ZPA-1
(Adopted 5/15/97)



TOWN OF OXFORD
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 www.Oxford-CT.gov

10/6/20

Planning and Zoning Commission

Application #: Z-20-340
 Date: 9-18-20

STATEMENT OF USE
 Article 11, Section 2

Property Address: 140 Oxford Rd. Zone: _____ Map: 35 Block: 7 Lot: 1

Name and Address of Owner: _____

Name and Address of Applicant: Robert Burbien Jr. 3 Roosevelt Drive Seymour 06483

Name of Proposed Business: Chippis Service Station LLC

Total Square Footage: _____

Hours of Operation: M-F 9-5, Weekends by call

Number of Employees: 2

List Hazardous and/or Chemicals Material on site: _____

Provide Approval from: PDDH _____ Fire Marshal _____ Other _____

Blue building on site used to store wrecks, cold storage, plan to put in rain garden to protect wetlands, Tows will involve cars from accidents, traffic violations, etc. upon approval from Town of Oxford + Troop I. We will seek contract for towing

I (we) hereby certify that I (we) are making this application on behalf of and with full authority of the owner(s) of the property or premises and am aware of and understand the Zoning and/or Subdivision Regulations pertinent to the application and affirm that the statements and information provided are accurate and true. Further, the undersigned hereby authorizes the Town of Oxford and its agents, to access the premises during normal business hours or hours of construction, for the purpose of pre and post application investigations, inspection of improvements or construction, and enforcement of the Zoning and/or Subdivision Regulations, Town Ordinances, and/or General Statutes of the State of Connecticut, as may be applicable and/or amended.

I understand that if any of the above statements are false, I may be subject to fines and/or penalties.

[Signature] 9/15/2020
 Applicant's Signature Date

**TOWN OF OXFORD
PLANNING & ZONING COMMISSION**

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486 Oxford Road, Oxford, Connecticut 06478-1298
Phone: (203) 828-6512 · Email: pandz@oxford-ct.gov
www.Oxford-CT.gov



APPLICANT ACKNOWLEDGEMENT FORM (AAF)

I, Robert Barbien Jr., have read and reviewed the Oxford Planning and Zoning regulations relevant to Application # _____, including, but not limited to:

Applicant acknowledges that failure to comply with Oxford Planning and Zoning regulations may lead to delays, additional fees, and/or other penalties related to the application. Applicant acknowledges receiving a copy of completed Form AAF.

BEFORE SIGNING, APPLICANTS PLEASE NOTE:

- i. if an individual, that the signer is the applicant; or
- ii. if an entity (e.g. corporation, llc, partnership, trust, association) that he or she is legally authorized to sign on behalf

Applicant Name (please print)

Robert Barbien Jr.

Applicant Signature

[Handwritten Signature]

Date: 9/18/20

Witness Name

S. MACARY

Witness Signature

[Handwritten Signature]

Date: 9/18/2020



Property Information

Owner	DE ANGELIS HAZEL
Address	140 OXFORD RD
Mailing Address	88 NO BENHAM RD SEYMOUR , CT 06483
Land Use	- Commercial
Land Class	C

Census Tract	
Neighborhood	C01
Zoning	COMM
Acreage	10.29
Utilities	
Lot Setting/ Desc	/

Photo



PARCEL VALUATIONS (Assessed value = 70% of Appraised Value)

	Appraised	Assessed
Buildings	302900	212000
Outbuildings	800	600
Improvements	305600	213900
Extras	1900	1300
Land	224200	156900
Total	529800	370800
Previous		

Construction Details

Year Built	
Stories	1
Building Style	Comm Garage
Building Use	Ind/Comm
Building Condition	Below Average
Total Rooms	
Bedrooms	
Full Bathrooms	0
Half Bathrooms	
Bath Style	n/a
Kitchen Style	n/a
Roof Style	Gable
Roof Cover	Metal/Tin

EXTERIOR WALLS:

Primary	Pre-finish Metl
Secondary	

INTERIOR WALLS:

Primary	Minim/Masonry
Secondary	

FLOORS:

Primary	Concr-Finished
Secondary	

HEATING/AC:

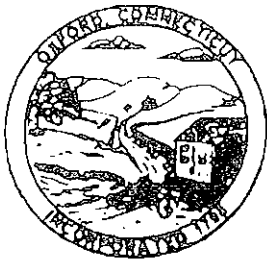
Heating Type	Forced Air-Duc
Heating Fuel	Oil
AC Type	Partial

BUILDING AREA:

Effective Building Area	
Gross Building Area	
Total Living Area	

SALES HISTORY:

Sale Date	10/4/2007
Sale Price	0
Book/ Page	331/ 679



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**REQUIRED CONSTRUCTION APPROVALS
 (PART I)**

1) Applicant Robert Barbieri - Chippig Service Station
 Property Address 140 Oxford Rd
 Permit Use Leasing for Cold Storage

OBTAIN SIGNATURES IN NUMERICAL ORDER

The same plan must be submitted to each land-use department. If changes are made to the plans after an approval has been given, the plans must be re-submitted to all prior departments for re-approval.

2) To be filled out by Tax Assessor: Map 85 Block 7 Lot 1
 Street Address 140 Oxford Rd
 Signature of Assessor [Signature] 9/4/20

3) To be filled out by Tax Collector: Taxes Current Yes No
 Signature of Tax Collector [Signature] 9/4/2020

4a) To be filled out by Pomperaug Health (P.D.D.H.)
 Plan Date _____ Signature _____ Date _____

4b) to be filled out by W.P.C.A.
 Plan date _____ Signature _____ Date _____

5) To be filled out by Inland/Wetlands
 Plan Date _____ Signature _____ Date _____
 I/W Permit # _____

6) To be filled out by the Driveway Inspector
 Plan Date _____ Signature N/A Date _____
 Driveway Permit # _____

7) To be filled out by the Zoning Enforcement Official
 Plan Date _____ Signature [Signature] Date 9/18/20
 Zoning Permit # _____ Aquifer Protection Yes or No

8a) To be filled out by Fire Department (If driveway exceeds 500 ft.)
 Plan Date _____ Signature _____ Date _____

8b) To be filled out Fire Marshal for building permit (If applicable)
 Plan Date _____ Signature _____ Date _____

9) To be filled out by Building Official
 Plan Date _____ Signature _____ Date _____
 Building Permit # _____

After construction, applicant **MUST** obtain post-construction approvals
 on the back of the form to receive a CO

PLANNING & ZONING COMMISSION

TOWN OF OXFORD

486 Oxford Road
Oxford, CT 06478
(203) 888-2543

Z#: 2-20-343
Date Rec'd: 10-6-2020
Date on Agenda: 730
65-Day Expiration: _____

ZONING PERMIT APPLICATION

(This permit is hereby applied for in accordance with the requirements of the Oxford Zoning Regulations)

10-6-2020

Property Identification

Street Address: 310 Center Rock Green Oxford
Subdivision Name: Quarry Walk Date Approved: _____
Map: 34 Block: 9 Lot: 26 Zoning district: _____

Owner/Applicant

Owner Name: Allison Zarrelli / ^{Jacque} ~~William~~ Mihalek
Owner Address: 310 Center Rock Green Oxford
Owner Telephone: 2032570758

Applicant Name: _____
Applicant Address: SAME
Applicant Telephone: _____

Miscellaneous Information

Special Exception: Article _____ Section _____ Yes No
Site Plan Approval: Article _____ Section _____ Yes No
Estimated Cost of Construction: _____
Variance Granted: _____ Date Granted: _____

Signatures/Authorization

Application for Zoning Permit approval as described herein is hereby made. The Oxford Planning & Zoning Commission and its technical staff are authorized to enter the property for the purpose of evaluating this application.

Permit Void If: a) Work or activity not commenced within 1 year of the date of issuance or b) Authorized construction not completed within 2 years of the date of issuance.

This permit, if issued, is based upon the plot plan submitted. Falsification, by misrepresentation or omission, or failure to comply with the conditions of approval of this permit constitute a violation of the Oxford Zoning Regulations.

Allison Zarrelli _____ 9/9/20
Property Owner or Agent Date

- Purpose
- ____ New Home
 - ____ Addition
 - ____ Garage
 - ____ Cottage Business
 - ____ Swimming Pool IG AG
 - ____ Sign
 - ____ Shed
 - ____ Barn
 - ____ Change of Use
 - ____ Excavating/Filling
 - ____ Trailer
 - ____ Other _____

- Use X Q.U
- ____ Single-Family Residence
 - ____ Multi-Family Residence
 - ____ Commercial
 - ____ Industrial
 - ____ Residential/POD
 - ____ Other _____

- Required Approvals and Dates
- ____ Inland Wetlands _____
 - ____ P.D.D.H. _____
 - ____ Fire Marshal _____
 - ____ Z.B.A. _____
 - ____ W.P.C.A. _____
 - ____ Floodplain _____
 - ____ Copy of Deed _____
 - ____ Driveway _____
 - ____ Erosion Control Plan _____
 - ____ Plot Plan * _____
 - ____ Other _____

\$ 270.00 Town Fee
State Fee
Total Fee
0089

*Draw plot plan of proposed construction and attach. Plan must show property boundaries and dimensions; location of proposed buildings on property with respect to boundaries; location of existing buildings on property; outside dimensions of all buildings proposed or now existing; location of water supply; location of sewage system. All copies must have a complete sketch. Construction and use must be exactly as described in this application. If later changes from this plan are desired prior approval of an amended application is necessary.

Denied Approved By: Sten S. Date: 9/9/20
Title: _____

Reason for Denial _____

ZPA-1
(Adopted 5/15/97)



TOWN OF OXFORD
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Planning and Zoning Commission

Application #: 2-20-343
 Date: _____

STATEMENT OF USE

Article 11, Section 2

Property Address: 316 Center Rock Green Zone: VCMD Map: 34 Block: 9 Lot: 26

Name and Address of Owner: Zarmi Bra Boutique LLC

Name and Address of Applicant: Zarmi Bra Boutique LLC

Name of Proposed Business: 316 Center Rock Green
Oxford, CT 06478

Total Square Footage: 1,291

Hours of Operation: 10-5 S-Saturday

Number of Employees: 3-4

List Hazardous and/or Chemicals Material on site: _____

Provide Approval from: PDDH _____ Fire Marshal _____ Other _____

Clothing Boutique, specializing in bra fitting, & intimate
apparel sales

I (we) hereby certify that I (we) are making this application on behalf of and with full authority of the owner(s) of the property or premises and am aware of and understand the Zoning and/or Subdivision Regulations pertinent to the application and affirm that the statements and information provided are accurate and true. Further, the undersigned hereby authorizes the Town of Oxford and its agents, to access the premises during normal business hours or hours of construction, for the purpose of pre and post application investigations, inspection of improvements or construction, and enforcement of the Zoning and/or Subdivision Regulations, Town Ordinances, and/or General Statutes of the State of Connecticut, as may be applicable and/or amended.

I understand that if any of the above statements are false, I may be subject to fines and/or penalties.

Alison Jaretti
 Applicant's Signature

9/8/2020
 Date



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 www.Oxford-CT.gov

REQUIRED CONSTRUCTION APPROVALS
 (PART I)

1) Applicant Oxford Towne Center, LLC - ZARMI, LLC
 Property Address 316 Center Rock Green Oxford CT 06470
 Permit Use TENANT FIT UP

OBTAIN SIGNATURES IN NUMERICAL ORDER

The same plan must be submitted to each land-use department. If changes are made to the plans after an approval has been given, the plans must be re-submitted to all prior departments for re-approval.

2) To be filled out by Tax Assessor
 Map 34 Block 9 Lot 26
 Street Address 300 Oxford Rd (316 Center Rock Green)
 Signature of Assessor [Signature] Date 9/8/20

3) To be filled out by Tax Collector Taxes Current Yes No
 Signature of Tax Collector [Signature] Date 9/8/2020

4a) To be filled out by Pomperaug Health (P.D.D.H.)
 Plan Date _____ Signature _____ Date _____

4b) to be filled out by W.P.C.A.
 Plan date _____ Signature [Signature] Date 9-8-20

5) To be filled out by Inland/Wetlands
 Plan Date _____ Signature [Signature] Date 9/8/20
 I/W Permit # _____

6) To be filled out by the Driveway Inspector
 Plan Date _____ Signature _____ Date _____
 Driveway Permit # _____

7) To be filled out by the Zoning Enforcement Official
 Plan Date _____ Signature [Signature] Date 9/8/2020
 Zoning Permit # _____ Aquifer Protection Yes or No NEED FEE

8a) To be filled out by Fire Department (If driveway exceeds 500 ft.)
 Plan Date _____ Signature _____ Date _____

8b) To be filled out Fire Marshal for building permit (If applicable)
 Plan Date _____ Signature _____ Date _____

9) To be filled out by Building Official
 Plan Date _____ Signature _____ Date _____
 Building Permit # _____

After construction, applicant **MUST** obtain post-construction approvals on the back of the form to receive a CO

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PLANNING & ZONING COMMISSION**

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Phone: (203) 828-6512 · Email: pandz@oxford-ct.gov
www.Oxford-CT.gov



APPLICANT ACKNOWLEDGEMENT FORM (AAF)

I, Allison Zarrelli, have read and reviewed the Oxford Planning and Zoning regulations relevant to Application # Z-20-343, including, but not limited to:

Applicant acknowledges that failure to comply with Oxford Planning and Zoning regulations may lead to delays, additional fees, and/or other penalties related to the application. Applicant acknowledges receiving a copy of completed Form AAF.

BEFORE SIGNING, APPLICANTS PLEASE NOTE:

- i. if an individual, that the signer is the applicant; or
- ii. if an entity (e.g. corporation, llc, partnership, trust, association) that he or she is legally authorized to sign on behalf

Applicant Name (please print)

Allison Zarrelli

Date: 9/9/20

Applicant Signature

Allison Zarrelli

Witness Name

Steven J. Macary

Date: 9/9/20

Witness Signature

STEVEN MACARY

10-6-20 at 7:30

PLANNING & ZONING COMMISSION

TOWN OF OXFORD
486 Oxford Road
Oxford, CT 06478
(203) 888-2543

Z#: 2-20-344
Date Rec'd: _____
Date on Agenda: 10-6-20
65-Day Expiration: _____

ZONING PERMIT APPLICATION

(This permit is hereby applied for in accordance with the requirements of the Oxford Zoning Regulations)

7:30 PM

Property Identification

Street Address: 304 Center Rock Green
Subdivision Name: Oxford Towne Center Date Approved: _____
Map: 34 Block: 9 Lot: 26 Zoning district: _____

Owner/Applicant

Owner Name: Barber Nation LLC
Owner Address: 304 Center Rock Green
Owner Telephone: 203 800 5165 243 800 6191
Applicant Name: _____
Applicant Address: same
Applicant Telephone: _____

Miscellaneous Information

Special Exception: Article _____ Section _____ Yes No
Site Plan Approval: Article _____ Section _____ Yes No
Estimated Cost of Construction: _____
Variance Granted: _____ Date Granted: _____

Signatures/Authorization

Application for Zoning Permit approval as described herein is hereby made. The Oxford Planning & Zoning Commission and its technical staff are authorized to enter the property for the purpose of evaluating this application.

Permit Void If: a) Work or activity not commenced within 1 year of the date of issuance or b) Authorized construction not completed within 2 years of the date of issuance.

This permit, if issued, is based upon the plot plan submitted. Falsification, by misrepresentation or omission, or failure to comply with the conditions of approval of this permit constitute a violation of the Oxford Zoning Regulations.

[Signature] / EVK
Property Owner or Agent
9-10-20
Date

- Purpose
- ___ New Home
 - ___ Addition
 - ___ Garage
 - ___ Cottage Business
 - ___ Swimming Pool IG AG
 - ___ Sign
 - ___ Shed
 - ___ Barn
 - ___ Change of Use
 - ___ Excavating/Filling
 - ___ Trailer
 - ___ Other _____

- Use BARBER
- ___ Single-Family Residence
 - ___ Multi-Family Residence
 - ___ Commercial
 - ___ Industrial
 - ___ Residential/POD
 - ___ Other _____

- Required Approvals and Dates
- ___ Inland Wetlands _____
 - ___ P.D.D.H. _____
 - ___ Fire Marshal _____
 - ___ Z.B.A. _____
 - ___ W.P.C.A. _____
 - ___ Floodplain _____
 - ___ Copy of Deed _____
 - ___ Driveway _____
 - ___ Erosion Control Plan _____
 - ___ Plot Plan * _____
 - ___ Other _____

CASH
3000
Town Fee
State Fee
Total Fee

*Draw plot plan of proposed construction and attach. Plan must show property boundaries and dimensions; location of proposed buildings on property with respect to boundaries; location of existing buildings on property; outside dimensions of all buildings proposed or now existing; location of water supply; location of sewage system. All copies must have a complete sketch. Construction and use must be exactly as described in this application. If later changes from this plan are desired prior approval of an amended application is necessary.

Denied Approved By: Steve Macary Date: 9/10/20
Title: _____
Reason for Denial: ZEO

ZPA-1
(Adopted 5/15/97)



TOWN OF OXFORD
 S.B. Church Memorial Town Hall
 486 Oxford Road, Oxford, Connecticut 06478-1298
 www.Oxford-CT.gov

Planning and Zoning Commission

Application #: Z-20-344
 Date: _____

STATEMENT OF USE

Article 11, Section 2

Property Address: 304 Center Rock Green Zone: 34 Map: 9 Block: 26 Lot: 26

Name and Address of Owner: Barber Watson, LLC

Name and Address of Applicant: 304 Center Rock Green

Name of Proposed Business: ~~Barber Watson~~ - Oxford Barber Shoppe

Total Square Footage: 1166 sf

Hours of Operation: 9am - 7pm 7 days a week
or by appt.

Number of Employees: 6

List Hazardous and/or Chemicals Material on site: AEROSOLS, HAIR DYE, HAIR SPRAY,

Provide Approval from: PDDH _____ Fire Marshal _____ Other _____

CLEANING CHEMICALS & DISINFECTANTS, SHAMPOO,
CONDITIONER, HENNA

6 CHAIRS WITH 6 BARBERS

I (we) hereby certify that I (we) are making this application on behalf of and with full authority of the owner(s) of the property or premises and am aware of and understand the Zoning and/or Subdivision Regulations pertinent to the application and affirm that the statements and information provided are accurate and true. Further, the undersigned hereby authorizes the Town of Oxford and its agents, to access the premises during normal business hours or hours of construction, for the purpose of pre and post application investigations, inspection of improvements or construction, and enforcement of the Zoning and/or Subdivision Regulations, Town Ordinances, and/or General Statutes of the State of Connecticut, as may be applicable and/or amended.

I understand that if any of the above statements are false, I may be subject to fines and/or penalties.

E.V. [Signature]
 Applicant's Signature

9.9.20
 Date

PLANNING & ZONING COMMISSION
TOWN OF OXFORD
 486 Oxford Road
 Oxford, CT 06478
 (203) 888-2543

Z#: 2-20-348
 Date Rec'd: _____
 Date on Agenda: 10-6-20
 65-Day Expiration: _____

ZONING PERMIT APPLICATION

(This permit is hereby applied for in accordance with the requirements of the Oxford Zoning Regulations)

Property Identification

Street Address: 248 Oxford Rd Oxford CT 06478
 Subdivision Name: _____ Date Approved: _____
 Map: _____ Block: _____ Lot: _____ Zoning district: _____

Owner/Applicant

Owner Name: _____
 Owner Address: _____
 Owner Telephone: _____

Applicant Name: Diane Lydixsen
 Applicant Address: 19 Deer Run Dr. Seymour, CT 06483
 Applicant Telephone: 203 994 3094

Miscellaneous Information

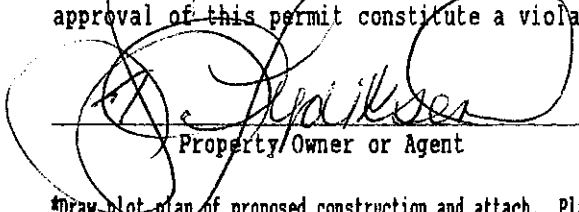
Special Exception: Article _____ Section _____ Yes No
 Site Plan Approval: Article _____ Section _____ Yes No
 Estimated Cost of Construction: _____
 Variance Granted: _____ Date Granted: _____

Signatures/Authorization

Application for Zoning Permit approval as described herein is hereby made. The Oxford Planning & Zoning Commission and its technical staff are authorized to enter the property for the purpose of evaluating this application.

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This permit, if issued, is based upon the plot plan submitted. Falsification, by misrepresentation or omission, or failure to comply with the conditions of approval of this permit constitute a violation of the Oxford Zoning Regulations.



 Property Owner or Agent

9-23-2020

 Date

\$38000 Town Fee
 _____ State Fee
 _____ Total Fee

Purpose

- New Home
- Addition
- Garage
- Cottage Business
- Swimming Pool IG AG
- Sign
- Shed
- Barn
- Change of Use
- Excavating/Filling
- Trailer
- Other _____

Use

- NEW USE
- Single-Family Residence
 - Multi-Family Residence
 - Commercial
 - Industrial
 - Residential/POD
 - Other Dance Studio

Required Approvals and Dates

- Inland Wetlands _____
- P.D.D.H. _____
- Fire Marshal _____
- Z.B.A. _____
- W.P.C.A. _____
- Floodplain _____
- Copy of Deed _____
- Driveway _____
- Erosion Control Plan _____
- Plot Plan * _____
- Other _____

*Draw plot plan of proposed construction and attach. Plan must show property boundaries and dimensions; location of proposed buildings on property with respect to boundaries; location of existing buildings on property; outside dimensions of all buildings proposed or now existing; location of water supply; location of sewage system. All copies must have a complete sketch. Construction and use must be exactly as described in this application. If later changes from this plan are desired prior approval of an amended application is necessary.

Denied Approved By: Stacy McCoy Date: 9/23/20

Title: ZEO
 Reason for Denial _____

ZPA-1
 (Adopted 5/15/97)



TOWN OF OXFORD
 S.B. Church Memorial Town Hall
 486 Oxford Road, Oxford, Connecticut 06478-1298
 www.Oxford-CT.gov

Planning and Zoning Commission

Application #: Z-20-348
 Date: 9-23-20

STATEMENT OF USE
 Article 11, Section 2

Property Address: 218 Oxford Rd Zone: _____ Map: _____ Block: _____ Lot: _____
 Name and Address of Owner: Terry Blake Stratford CT
Diane Lydixsen, 19 Deer Run Dr Seymour
 Name and Address of Applicant: Diane Lydixsen, 19 Deer Run Dr Seymour
 Name of Proposed Business: Studio 34, LLC
 Total Square Footage: 2050
 Hours of Operation: Monday - Saturday 10am - 9pm weekdays
10 - 8pm Saturday
 Number of Employees: 0
 List Hazardous and/or Chemicals Material on site: _____

Provide Approval from: PDDH _____ Fire Marshal _____ Other _____

Studio 34, LLC provides dance lessons from the ages of 2 1/2 to Adult. We also provide dance lesson for those in wheelchair and children and adults w/ special needs. Dance Teams enter the studio for Dance Team camps provided by Studio 34.

I (we) hereby certify that I (we) are making this application on behalf of and with full authority of the owner(s) of the property or premises and am aware of and understand the Zoning and/or Subdivision Regulations pertinent to the application and affirm that the statements and information provided are accurate and true. Further, the undersigned hereby authorizes the Town of Oxford and its agents, to access the premises during normal business hours or hours of construction, for the purpose of pre and post application investigations, inspection of improvements or construction, and enforcement of the Zoning and/or Subdivision Regulations, Town Ordinances, and/or General Statutes of the State of Connecticut, as may be applicable and/or amended.

I understand that if any of the above statements are false, I may be subject to fines and/or penalties.

[Signature]
 Applicant's Signature
9-23-2020
 Date

**TOWN OF OXFORD
PLANNING & ZONING COMMISSION**

S.B. Church Memorial Town Hall
486 Oxford Road, Oxford, Connecticut 06478-1298
Phone: (203) 828-6512 · Email: pandz@oxford-ct.gov
www.Oxford-CT.gov



APPLICANT ACKNOWLEDGEMENT FORM (AAF)

I, Diane Lydixsen, have read and reviewed the Oxford Planning and Zoning regulations relevant to Application # _____, including, but not limited to:

Applicant acknowledges that failure to comply with Oxford Planning and Zoning regulations may lead to delays, additional fees, and/or other penalties related to the application. Applicant acknowledges receiving a copy of completed Form AAF.

BEFORE SIGNING, APPLICANTS PLEASE NOTE:

- i. if an individual, that the signer is the applicant; or
- ii. if an entity (e.g. corporation, llc, partnership, trust, association) that he or she is legally authorized to sign on behalf

Applicant Name (please print)

Diane Lydixsen

Date: 9.23.2020

Applicant Signature

Diane Lydixsen

Witness Name

S. MACARY

Date: 9/23/20

Witness Signature

Steven Macary

LEASE

THIS LEASE is made this _____ of September, 2020 by and between Terence G. Blake of Stratford, Connecticut (Landlord) and the tenant named below.

ARTICLE ONE – BASIC TERMS

TENANT	Diane Lydiksen Studio 34 LLC
TENANT'S NOTICE ADDRESS	19 Deer Run Drive Seymour, CT 06483
LANDLORD	Terence G. Blake
LANDLORD'S ADDRESS	3333 Main Street Suite 200 Stratford, CT 06614
PREMISES	248 Oxford Road Oxford Road Upper building far left Oxford CT 06478
PROPERTY RENTABLE AREA	Approximately 2050 sq. ft. store front
TENANT'S PRO RATA SHARE	100% of cable, internet, phone, electric, and garbage
LEASE TERM	60 months
COMMENCE DATE	October 15, 2020
BASE RENT	\$26,652 year one
PERMITTED USES	Dance Studio
BROKERS/AGENT FOR LANDLORD	Godin Properties 4%
SECURITY DEPOSIT	\$4,442 plus \$2,221 for first month's rent
INSURANCE	liability insurance (\$1 Million) with Landlord as loss payee



Studio 34

DANCE & PERFORMING ARTS

203-735-7477