



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

**Planning and Zoning Commission**

Z#: <u>Z-20-009</u>
Date Received: <u>1-30-2020</u>
Date Accepted: <u>2-4-2020</u>

**\* 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: _____                |
| <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 checked="" type="checkbox"/> Site Plan | <input type="checkbox"/> Other              | _____                                      |

Name of Project Title (Subdivision/Resubdivision): 1 Commerce Drive

**2) PROPERTY LOCATION:**

Street Address: 1 Commerce Drive

Town Clerk Record Map Number: 34-1

Assessor's Identification Numbers:

Map: 25 Block: 25 Lot: 1BB4 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 checked="" type="checkbox"/> Municipal Sanitary Sewers | <input type="checkbox"/> Private Wells           |
| <input type="checkbox"/> On Site Septic Systems               | <input checked="" 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: DAVID SIPPIN**

Address: 234 MAIN STREET

Town: MONROE

State: CT

Zip Code: 06468

Phone: (203) 880.6783

Fax: (203) 268.0769

Email: dave@sippin.com

**4) OWNER(s): DAVID SIPPIN**

Address: 234 MAIN STREET

Town: MONROE

State: CT

Zip Code: 06468

Phone: (203) 880.6783

Fax: (203) 268.0769

Email: dave@sippin.com

**5) APPLICANT'S OWNERSHIP INTEREST:** \_\_\_\_\_

**6) LAND SURVEYOR:** Roy Cheney **REG. No:** 18468  
Address: Main Street  
Town: Bethlehem State: CT Zip Code: 06751  
Phone: (203) 266.7460 Fax: ( ) Email: rvc1958@charter.net

**7) CIVIL ENGINEER:** Ron Wolff - WOLFF ENGINEERING **REG. No:** 19998  
Address: 39 Sherman Hill Road Suite C101  
Town: Woodbury State: CT Zip Code: 06798  
Phone: (203) 263.7447 Fax: (203) 263.0060 Email: ron@wolffengineering.com

**8) ARCHITECT:** Merrell Architects **REG. No:** \_\_\_\_\_  
Address: 969 West Main Street Suite 3-H  
Town: Waterbury State: CT Zip Code: 06708  
Phone: (203) 753-6676 Fax: (203) 755-2826 Email: april@merrellarchitects.com

**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:** application submitted on 1/27/2020  
(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
_____ 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 = \$ \_\_\_\_\_ \*2242

Public Hearing Fee = \$ 7880.00

State Fee = \$ \_\_\_\_\_

Total Fee = \$ \_\_\_\_\_

**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 \_\_\_\_\_

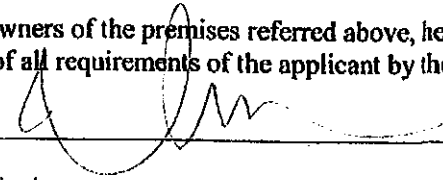
NAME PRINTED David Sippin

DATE 1/29/2020

**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 David Sippin

DATE 1/29/2020

**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: \_\_\_\_\_  
(Name & Title)

DATE \_\_\_\_\_

**PLANNING & ZONING COMMISSION**

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

Z#: 2-20-009  
Date Rec'd: 1-30-2020  
Date on Agenda: 2-4-2020  
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: 1 Commerce Drive  
Subdivision Name: Resubdivision Map Parcel B Date Approved: \_\_\_\_\_  
Map: 25 Block: 25 Lot: 1BB4 Zoning district: Industrial

Owner/Applicant

Owner Name: David Sippin  
Owner Address: 234 Main Street Monroe, CT 06468  
Owner Telephone: 203.880.6783

Applicant Name: David Sippin  
Applicant Address: 234 Main Street Monroe, CT 06468  
Applicant Telephone: 203.880.6783

Miscellaneous Information

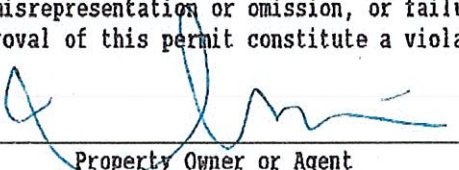
Special Exception: Article \_\_\_\_\_ Section \_\_\_\_\_ Yes No  
Site Plan Approval: Article 9 Section 9.2 Yes No  
Estimated Cost of Construction: \_\_\_\_\_  
Variance Granted: \_\_\_\_\_ Date Granted: \_\_\_\_\_

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  
Date: 1/29/2020

2242 70000  
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: Steven J. Macey Date: 1/30/20  
Reason for Denial: ZEO  
Title: \_\_\_\_\_

ZPA-1  
(Adopted 5/15/97)



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Planning and Zoning Commission

Application #: Z-20-009  
Date: 1-30-2020

**STATEMENT OF USE**  
Article 11, Section 2

Property Address: 1 Commerce Drive Zone: Industrial Map: 25 Block: 25 Lot: 1BB4

Name and Address of Owner: DAVID SIPPIN 234 MAIN STREET MONROE, CT 06468.

Name and Address of Applicant: DAVID SIPPIN 234 MAIN STREET MONROE, CT 06468.

Name of Proposed Business: \_\_\_\_\_

Total Square Footage: 30,000

Hours of Operation: \_\_\_\_\_

Number of Employees: 10

List Hazardous and/or Chemicals Material on site: None

Provide Approval from: PDDH \_\_\_\_\_ Fire Marshal \_\_\_\_\_ Other \_\_\_\_\_

The proposed uses will be industrial, high-technology, or distribution tenants. We have secured a lease agreement with Jasco Specialty Batteries, who will occupy a 10,000sf unit. They manufacture and distribute batteries for industrial use.

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.

David B. Sippin  
Applicant's Signature

1/29/2020

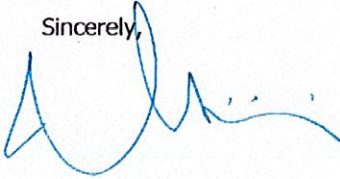
Date

January 30, 2020

To whom this may concern:

I David Sippin give permission to Ronald Wolff to act as my agent for matters pertaining to a site plan for property located at 1 Commerce Drive in Oxford, CT.

Sincerely,

A handwritten signature in blue ink, appearing to read 'David Sippin', with a stylized flourish at the end.

David Sippin

Property Owner

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**APPLICANT ACKNOWLEDGEMENT FORM (AAF)**

I, David Sippin, have read and reviewed the Oxford Planning and Zoning regulations relevant to Application # \_\_\_\_\_, including, but not limited to:  
Article 9 - Industrial District

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)

David Sippin

Applicant Signature

*David Sippin*

Date: 1/29/2020

Witness Name

RONALD WOLFE

Witness Signature

*Ronald Wolfe*

Date: 1/30/2020