

CITY OF NEW HAVEN, CONNECTICUT

CITY PLAN DEPARTMENT | 165 CHURCH STREET, 5TH FLOOR, NEW HAVEN, CT 06510-2010
PHONE 203.946.6379 FAX 203.946.7815

Application for Development Permit

DATA

CHECK BOX WHERE APPROPRIATE. PRINT OR TYPE INFORMATION IN SPACE PROVIDED.

1. Project Address(es)

201 Munson Street
New Haven, CT 06511

A/K/A: Winchester Tract C
Tax Map-Block-Parcel(s)
284/0392/00100

Nearest Cross Street: Ashmun Street

THIS BOX IS FOR CITY USE ONLY			
	File #	Fee Paid	Date [yy-mm-dd]
<input type="checkbox"/> Check Here if Fee Exempt.			
<input type="checkbox"/> As-of Right	# _____	\$ _____	___/___/___
<input type="checkbox"/> Zoning Relief	# _____	\$ _____	___/___/___
<input type="checkbox"/> Development Permit	# _____	\$ _____	___/___/___
.....This includes <input type="checkbox"/> Site Plan Review. <input type="checkbox"/> CSPR ... <input type="checkbox"/> SESC... <input type="checkbox"/> IW			
<input type="checkbox"/> Flood Development Permit	# _____	\$ _____	___/___/___
<input type="checkbox"/> Performance Bond	# _____	\$ _____	___/___/___
<input type="checkbox"/> Building Permit	# _____	\$ _____	___/___/___

2. Property Owner Information & Consent

Name Jeffrey Chung
Firm GFT New Haven LLC, et al
Street Address 61 Broadway, 7th Floor
City New York State NY ZIP 10006

Daytime Phone: 646-543-3035
X Business Home Answering Service
 Fax: _____ Cell: _____
X E-Mail: jchung@ironburg.com

As OWNER OF THE PROPERTY I hereby authorize this development permit application, and:

1. I consent to necessary and proper inspections of the above property by agents of the City at a reasonable time after an application is made, and
2. I certify that I am familiar with all of the information provided in this application, and
3. I am aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties, and
4. I certify that this project conforms to zoning or has applied for or been granted zoning relief.

Dated: October 16, 2019

Signature of PROPERTY OWNER

3. Applicant Information & Certification

Name Jeffrey Chung
Firm HMIB New Haven LLC
Street Address 61 Broadway, 7th Floor
City New York State NY ZIP 10006

Check here if SAME AS OWNER (Fill in only if not same as Owner.)

Daytime Phone: 646-543-3035
X Business Home Answering Service
 Fax: _____ Cell: _____
X E-Mail: jchung@ironburg.com

As APPLICANT I am familiar with all of the information provided in this application and aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties.

Dated: October 16, 2019

Signature of APPLICANT

4. Authorized Agent Information

Name David Sacco, P.E.
Firm TPA Design Group
Street Address 85 Willow Street
City New Haven State CT ZIP 06511

Check here if SAME AS OWNER (Fill in only if not same as Owner.)

Daytime Phone: 203-562-2181
X Business Home Answering Service
 Fax: _____ Cell: _____
X E-Mail: dsacco@tpadesigngroup.com

Check One: The AUTHORIZED AGENT for the attached Development Application is:

Lessee Attorney Architect Engineer Real Estate Agent Contractor Other-Specify _____

As AUTHORIZED AGENT I am familiar with all of the information provided in this application and aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties.

Dated: October 16, 2019

Signature of AUTHORIZED AGENT

CITY OF NEW HAVEN, CONNECTICUT

CITY PLAN DEPARTMENT | 165 CHURCH STREET, 5TH FLOOR, NEW HAVEN, CT 06510-2010
PHONE 203.946.6379 FAX 203.946.7815

Application for Development Permit

WORKSHEET

1. Calculate **LOT AREA** as defined by the New Haven Zoning Ordinance excluding the following categories:

- Wetlands and Watercourses as defined in Sections 22a-38 15&16) C.G.S. and appearing on New Haven County USDA Soil Conservation Service Soil Survey.
- State-designated Tidal Wetlands defined and mapped under Sections 22a-29(a)(2) and 22a-30 C.G.S.
- Any parcel area below the Mean High Water Mark.

LOT AREA CALCULATION WORKSHEET

ZONING LOT AREA = TAX PARCEL AREA MINUS STEP 1 TOTAL

STEP 1 Add Items A. through C. below:

STEP 2: Subtract STEP 1 TOTAL from Tax Parcel

Area:

A. Tidal Wetlands ----- 0 SF	TAX PARCEL AREA: 553,289 SF
B. Area below Mean High Water Mark ----- 0 SF	
C. Inland Wetlands & Watercourses ----- 0 SF	MINUS STEP 1 TOTAL: 0 SF
= STEP 1 TOTAL 0 SF-	ZONING LOT AREA: 553,289 SF

2. ZONING TABLE (Fill in below or include on submission drawing cover sheet.)

RESIDENTIAL PROJECTS

ZONING DISTRICT: RH-2 Not Applicable = <input checked="" type="checkbox"/>	Standard [Permitted or Required]	Proposed [or Allowed by BZA]
1. ZONING LOT AREA [Calculate Above]	5,000 Sq. Ft. Minimum	553,289 Sq. Ft.
2. NUMBER OF DWELLING UNITS <input type="checkbox"/>	939 Units (74 units/acre)	392 Units
3. LOT AREA PER DWELLING UNIT X	No Minimum Sq. Ft./DU	1,411 Sq. Ft./DU (30.9 DU/ac.)
4. IMPERVIOUS SURFACE X	246,077 Sq. Ft. (44.5%)	256,395 Sq. Ft. (46.3%)
5. FRONT YARD <input type="checkbox"/>	5 Feet Minimum	17.1 Feet
6. SIDE YARDS <input type="checkbox"/>	No Fixed Min.; 1 ft. per 2 ft. ht.	16 Ft. (TH), 42.9 Ft. (MR)
7. REAR YARD <input type="checkbox"/>	20 ft. Min.; 1 ft. per 2 ft. ht.	27.3 Ft. (MR, Ht.=15.5 Ft.)
8. BUILDING HEIGHT	No Direct Limit	32 Ft. (TH), 67 Ft. (MR)
9. PARKING <input type="checkbox"/>	0.75 Spaces per Unit; 294 Min.	486 Spaces

COMMERCIAL OR INDUSTRIAL PROJECTS

ZONING DISTRICT: ___ Not Applicable = <input checked="" type="checkbox"/>	Standard [Permitted or Required]	Proposed [or Allowed by BZA]
1. ZONING LOT AREA [Calculate Above]	Sq. Ft.	Sq. Ft.
2. TOTAL FLOOR AREA (ALL FLOORS): <input type="checkbox"/>	Sq. Ft.	Sq. Ft.
3. FLOOR AREA RATIO (FAR = B/A) <input type="checkbox"/>	FAR	FAR
4. IMPERVIOUS SURFACE <input type="checkbox"/>	Sq. Ft. %	Sq. Ft. %
5. PARKING <input type="checkbox"/>	Spaces	Spaces
6. LOADING <input type="checkbox"/>	Spaces	Spaces

3. MATERIAL (SOIL, ROCK OR FILL) TO BE MOVED, REMOVED OR ADDED

CALCULATE MATERIAL TO BE MOVED, REMOVED OR ADDED (Calculate below - Enter sizes in feet).

Length	x	Width	x	Depth	= Cubic Feet	÷ 27 =	Cubic Yards
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		MATERIAL TO BE MOVED: 860	x 520	x 3.31	= 1,482,220	÷ 27 =	55,000
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		MATERIAL TO BE ADDED: 620	x 490	x 1.78	= 540,000	÷ 27 =	20,000
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		MATERIAL TO BE REMOVED: 600	x 510	x 0.76	= 232,560	÷ 27 =	8,600

TOTAL MATERIAL TO BE MOVED, REMOVED OR ADDED = 83,600 CY

REGRADEING OF SITE

No Yes Are more than 800 cubic yards soil, rock or fill to be **MOVED, REMOVED OR ADDED?**

No Yes Is more than 30% of the lot area proposed to be **REGRADED** by more than 2 feet? (do following calculation).

REGRADED AREA IN SQUARE FEET 276,000 ÷ TOTAL LOT AREA 553,222 IN SQUARE FEET = 50 PERCENT

[Area to be re-graded by more than 2 feet divided by Total Lot Area equals Percentage of Lot to be re-graded]

CITY OF NEW HAVEN, CONNECTICUT

CITY PLAN DEPARTMENT | 165 CHURCH STREET, 5TH FLOOR, NEW HAVEN, CT 06510-2010
PHONE 203.946.6379 FAX 203.946.7815

Application for Development Permit: Site Plan Review

SITE

A NARRATIVE IS REQUIRED

NARRATIVE: A description of the proposed project in sufficient detail to determine that it complies with the New Haven Zoning Ordinance and State of Connecticut Soil Erosion and Sediment Control Standards. (Attach NARRATIVE or include it on the submitted SITE PLAN).

1. State the purpose and intended use of the project.

Remediation of former Winchester Tract C industrial site. New construction of 371 midrise residential units and 21 residential townhouses with associated parking areas, sidewalks, playground, drainage, dark-sky LED lighting, landscaping, and passive recreation lawn areas.

2. Describe the structure(s) and construction activities.

Five-story, wood-framed multi-family residential building (Type III-A) over one story of parking (Type I-A); 21 three-story townhomes, (Type V-A)

3. State the construction Start and End Dates/Provide a Construction Staging Plan/If phased provide Time Estimates for Each Phase.

Site remediation and earthwork is expected to begin 1/15/2020, approximate completion date May 2022. Building construction and site improvements will begin 1/15/2020, approximate completion date June 2022.

4. List any Federal or State Permits required and their status. Furnish copy of permits issued or applications filed.

CHECK HERE IF NONE X _____

5. Provide Board of Zoning Appeals Decision Letter(s) if zoning relief has been secured. Plan must be in compliance with the New Haven Zoning Ordinance to receive Site Plan approval.

SITE PLAN SUBMISSION REFER TO "SITE PLAN GUIDELINES" AT CITYOFNEWHAVEN.COM

SURVEY

1. X A-2 Survey of property boundary, right-of-way, street, building and/or setback lines, easement lines.
2. A-2 Survey *not* required. Staff has determined this project is: Exempt Unregulated Minor Application.
3. X Show Coastal Management District Boundary, Flood Zones, wetlands, watercourses, (soil types if pertinent).

SITE PLAN DATA Please use the checklist below and SESC REGULATIONS as a guide to provide required data.

4. X **SITE PLAN [1" = 20' or larger is preferred] with north arrow, scale, date prepared, and name of preparer.**
5. X General Location Map at a scale of 1 inch = 600 feet, with North Arrow.
6. X Buildings and improvements on abutting parcels within 50 feet of the property lines
7. X Names of abutting Property Owners.
8. X Driveways, aprons, sidewalks, curbs, walkways, parking layout, loading facilities, and utilities.
9. X Provide applicable standard City details.
10. X Existing and proposed topographical contours where slope is **LESS THAN 15%**, show at **2 FOOT** intervals.
11. Existing and proposed topographical contours where slope is **15% OR MORE**, show at **5 FOOT** intervals.
12. X Proposed site alterations including cleared, excavated, filled or graded areas.
13. X Existing trees with diameters of 8 inches or greater, and changes proposed, including protection measures.
14. X Edge of wooded areas.
15. X Proposed landscaping keyed to a plant list. Include size and planting detail.
16. X Sanitary sewage disposal, water supply lines, other utilities on or serving the site.
17. X Proposed building plans and elevations.
18. X New property lines & improvements: signs, fences, walls, dumpsters, outdoor storage area, lighting.

ENGINEERING DATA. Please provide the following data using the checklist as a guide.

19. X Storm Drainage details including roof leaders.
20. X Existing and proposed grades and construction materials.
21. X Support Data and Drainage Calculations to show adequacy of pipe sizes, flow, slope, invert and top of grate connections [Not required because: Exempt Unregulated Minor Application].

CITY OF NEW HAVEN, CONNECTICUT

CITY PLAN DEPARTMENT | 165 CHURCH STREET, 5TH FLOOR, NEW HAVEN, CT 06510-2010
PHONE 203.946.6379 FAX 203.946.7815

Application for Development Permit: Soil Erosion and Sediment Control Review **SESC**

Please fill out **DATA, WORKSHEET, and SITE SECTIONS** in addition to the following items:

SITE PLAN

On a Scaled Site Plan prepared by a Connecticut Registered Architect, Landscape Architect, Civil Engineer, or Licensed Soil Scientist, show the following:

- X Construction details for proposed SESC measures and storm water management facilities in accord with standard city details.
- X Location and design details for all proposed SESC measures and storm water management facilities over the period of construction.

SOIL EROSION AND SEDIMENT CONTROL DATA

Print or type information in space provided, or Check appropriate box below if information is not filled in on this form.

- Shown on SITE PLAN, or
- Described in SEPARATE ATTACHMENT.

1. Describe proposed Soil Erosion & Sediment Control Measures.

2. Schedule of Grading and Construction activities. Include start and stop dates and duration of activity.

3. Describe the Sequence for Final Stabilization of the site.

4. Outline the Operations and Daily Maintenance Program.

5. Contingency Provisions. Describe your procedures if unforeseen erosion or sedimentation problems arise.

6. Individual Responsible for Monitoring SESC Control Measures

Name Oliver Gaffney
Firm TPA Design Group
Street Address 85 Willow Street
City New Haven State CT ZIP 06511

Daytime Phone: 203-562-2181

X Business Home Answering Service

Fax: _____ Cell: _____

X E-Mail: oliver@tpadesigngroup.com

Nighttime/Emergency: 203-858-3760 _____

7. On Site Monitor of SESC Control Measure Installation and Maintenance

Name Matthew Izzo
Firm Hudson Meridian Construction Group
Street Address 61 Broadway, 7th Floor
City New York State NY ZIP 10006

Daytime Phone: 212-608-6600

X Business Home Answering Service

Fax: _____ X Cell: 203-561-7087

X E-Mail: mizzo@hudsonmeridian.com

License # _____

Nighttime/Emergency: 203-561-7087