

APPENDIX D

Permit Application Signature Pages

FLOOD PLAIN DEVELOPMENT PERMIT

CITY OF NEW HAVEN, CONNECTICUT

Instructions: Print or type information in space provided, check box ☒ where appropriate.

Address of Application Parcel(s): 510A Grand Avenue

a/k/a: Parcel A

Total Parcel Size in Square Feet: 146,711

Tax Map-Block-Parcel(s): 179/0567/00802

Flood Map Community-Panel Number: 090084 -0441-J

For City Use Only	
File #	
Building Permit #	
Date	
Fee Paid	
Census Tract-Block	

APPLICATION FOR FLOOD PLAIN DEVELOPMENT PERMIT

Yes No

- ☐ ☒ Have all permits from Federal, State or Local Government Agencies requiring prior approval been received?
- ☐ ☒ Will any watercourse be altered or relocated as a result of the proposed development? IF YES, attach description.
- ☐ ☒ Are plans included for any walls to be used to enclose space below base flood elevation?
- ☒ ☐ Are plans included, in duplicate and drawn to scale, showing the nature, location, dimensions and elevations of area in question, existing and/or proposed structures, fill, storage of materials, drainage facilities, and location of foregoing?
- ☐ ☒ Does this Parcel have Flood Insurance? IF YES, Flood Insurance Policy #: _____ Expiration Date: _____ 20

6. Type of Development:

Value of Existing Structure: \$ N/A

Cost of Alteration/Addition/Improvement: \$ 1,000,000

☒ Excavation ☒ Fill ☒ Grading ☒ Paving ☐ Buildings or Other Structure ☐ Substantial Improvements
☒ Other alterations inside Regulatory Floodway Limits. Specify: No Modifications/Improvements to Structures

7. Owner Information & Consent (If Other than Developer/Agent)

Name David Tropper

Firm Haven River Properties

Street Address 115-10 Queens Blvd. - Suite LL1

City Forest Hills

State NY

Zip 11375

Daytime Phone: _____

☐ Home

☒ Business

☐ Answering Service

☐ Fax: _____

The undersigned, as owner of the property, hereby consents to necessary and proper inspections of the above mentioned property by agents of the City at reasonable times before and after an application is made.

Dated: December 21, 2018 (See Below Under Applicant)

Signature of Owner _____

8. Developer (If other than Owner)

Name _____

Firm _____

Street Address _____

City _____

State _____

Zip _____

Daytime Phone: _____

☐ Home

☐ Business

☐ Answering Service

☐ Fax: _____

I am the (Check ☒ One): ☐ Property Owner ☐ Option Holder ☐ Other (Describe _____)

9. Authorized Applicant/Agent Information & Certification

Name Shawn C. Crosbie

Firm The United Illuminating Company

Street Address 180 Marsh Hill Road

City Orange

State CT

Zip 06477

Daytime Phone: (203) 926-4595

☐ Home

☒ Business

☐ Answering Service

☐ Fax: (203) 926-4664

As Applicant/Agent for the ☒ Property Owner ☐ Developer, the undersigned is familiar with all of the information provided in this application and is aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties

Dated: 12/21, 2018

David Tropper (Owner)

Signature of ☒ Applicant ☐ Agent

Shawn C. Crosbie (Applicant)

January 4, 2019

FLOOD PLAIN DEVELOPMENT PERMIT

CITY OF NEW HAVEN, CONNECTICUT

Instructions: Print or type information in space provided, check box ☒ where appropriate.

Address of Application Parcel(s): 510 Grand Avenue

a/k/a: Parcel B

Total Parcel Size in Square Feet: 231,910

Tax Map-Block-Parcel(s): 179/0567/00801

Flood Map Community-Panel Number: 090084 - 0441-J

For City Use Only
File #
Building Permit #
Date
Fees Paid
Census Tract-Block

APPLICATION FOR FLOOD PLAIN DEVELOPMENT PERMIT

Yes No

- ☐ ☒ Have all permits from Federal, State or Local Government Agencies requiring prior approval been received?
- ☐ ☒ Will any watercourse be altered or relocated as a result of the proposed development? IF YES, attach description.
- ☐ ☒ Are plans included for any walls to be used to enclose space below base flood elevation?
- ☒ ☐ Are plans included, in duplicate and drawn to scale, showing the nature, location, dimensions and elevations of area in question, existing and/or proposed structures, fill, storage of materials, drainage facilities, and location of foregong?
- ☐ ☒ Does this Parcel have Flood Insurance?
IF YES, Flood Insurance Policy #: _____ Expiration Date: _____, 20

6. Type of Development:

Value of Existing Structure: \$ N/A

Cost of Alteration/Addition/Improvement: \$ 5770,000

☒ Excavation ☒ Fill ☒ Grading ☒ Paving ☐ Buildings or Other Structure ☐ Substantial Improvements
☒ Other alterations inside Regulatory Floodway Limits. Specify: No Modifications/Improvements to Structures

7. Owner Information & Consent (If Other than Developer/Agent)

Name David Tropper

Firm Haven River Properties

Street Address 115-10 Queens Blvd. - Suite LL1

City Forest Hills

State NY

Zip 11375

Daytime Phone: 917-705-7023

☐ Home

☒ Business

☐ Answering Service

☐ Fax: _____

The undersigned, as owner of the property, hereby consents to necessary and proper inspections of the above mentioned property by agents of the City at reasonable times before and after an application is made.

Dated: December 21, 2018

(See Below Under Applicant)

Signature of Owner

8. Developer (If other than Owner)

Name

Firm

Street Address

City

State

Zip

Daytime Phone: _____

☐ Home

☐ Business

☐ Answering Service

☐ Fax: _____

I am the (Check ☒ One): ☐ Property Owner ☐ Option Holder ☐ Other (Describe _____)

9. Authorized Applicant/Agent Information & Certification

Name Shawn C. Crosbie

Firm The United Illuminating Company

Street Address 180 Marsh Hill Road

City Orange

State CT

Zip 06477

Daytime Phone: (203) 926-4595

☐ Home

☒ Business

☐ Answering Service


☐ Fax: (203) 926-4664

As Applicant/Agent for the ☒ Property Owner ☐ Developer, the undersigned is familiar with all of the information provided in this application and is aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation and penalties.

Dated: 12/21, 2018

 (Owner)

Signature of ☒ Applicant ☐ Agent

 (applicant)

January 4, 2019

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)

510A Grand Avenue
(Parcel A)

A/K/A:

Tax Map-Block-Parcel(s)

179/0567/00802

Nearest Cross Street: East 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"/> CSPPR <input type="checkbox"/> SEESC... <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 David Tropper

Firm Haven River Properties

Street Address 115-10 Queens Blvd. - Suite LL1

City Forest Hills State NY ZIP 11375

Daytime Phone: 917-705-7023

☒ Business ☐ Home ☐ Answering Service

☐ Fax: ☐ Cell:

☐ E-Mail:

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: December 21, 2018

Signature of PROPERTY OWNER

3. Applicant Information & Certification

Name Shawn C. Crosbie

Firm The United Illuminating Company

Street Address 180 Marsh Hill Road

City Orange State CT ZIP 06477

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

Daytime Phone: (203)926-4595

☒ Business ☐ Home ☐ Answering Service

☒ Fax: (203)926-4664 ☒ Cell: (203)926-4595

☒ E-Mail: shawn.crosbie@ui.net.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: January 4, 2019

Signature of APPLICANT

4. Authorized Agent Information

Name

Firm

Street Address

City State ZIP

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

Daytime Phone:

☐ Business ☐ Home ☐ Answering Service

☐ Fax: ☐ Cell:

☐ E-Mail:

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: , 20

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

DATA

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

1. Project Address(es)

510 Grand Avenue
(Parcel B)

A/K/A:

Tax Map-Block-Parcel(s)

179/0567/00801

Nearest Cross Street: East Street

☐ Check Here if Fee Exempt.

☐ As-of Right

☐ Zoning Relief

☐ Development Permit

.....This includes ☐ Site Plan Review. ☐ CSPPR ... ☐ SESC... ☐ IW

☐ Flood Development Permit

☐ Performance Bond

☐ Building Permit

THIS BOX IS FOR CITY USE ONLY

File # Fee Paid Date [yy-mm-dd]

\$ / /

\$ / /

\$ / /

\$ / /

\$ / /

\$ / /

2. Property Owner Information & Consent

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Firm Haven River Properties

Street Address 115-10 Queens Blvd. - Suite LL1

City Forest Hills State NY ZIP 11375

Daytime Phone: 917-705-7023

☒ Business ☐ Home ☐ Answering Service

☐ Fax: ☐ Cell:

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Dated: December 21, 2018

Signature of PROPERTY OWNER

3. Applicant Information & Certification

Name Shawn C. Crosbie

Firm The United Illuminating Company

Street Address 180 Marsh Hill Road

City Orange State CT ZIP 06477

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

Daytime Phone: (203)926-4595

☒ Business ☐ Home ☐ Answering Service

☒ Fax: (203)926-4664 ☒ Cell: (203)926-4595

☒ E-Mail: shawn.crosbie@ui.net

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: January 4, 2019

Signature of APPLICANT

4. Authorized Agent Information

Name

Firm

Street Address

City State ZIP

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

Daytime Phone:

☐ Business ☐ Home ☐ Answering Service

☐ Fax: ☒ Cell:

☐ E-Mail:

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: , 20

Signature of AUTHORIZED AGENT