

# Town of Washington Zoning Commission

## Special Permit Application

A Special Permit is required for specific uses as listed in the Zoning Regulations for each Zoning district.

Address of Proposed Use: 143 LOWER CHURCH HILL RD.

Name and Mailing Address of Property Owner:

DAN LUFKIN 36 HINKLE RD WASHINGTON

Name and contact information for authorized agent (if applicable – attach letter of authorization):

LARRY WASHINGTON (203) 417 7100 WASHINGTONL@CHARTER.NET

Application is for (Check One):

**New Special Permit - Fee: \$150**

Proposed Use: DETACHED ACCESSORY APARTMENT

Zoning Regulation Section: 13.11.3

Zoning District: R1 Historic District: yes no

Attach a written statement with a Description of the Proposed Use. For new buildings include information such as the height and dimensions, for new businesses: type of business, hours of operation, number of employees, square footage of business area, etc. Also attach description of how the proposed use complies with each of the requirements of the specific special permit section listed above.

Attach site plan or survey map showing location of proposed or existing building, location of septic system, distance from each boundary line and from the septic system to the proposed structure, parking spaces, etc.

Attach a floor plan.

**Modification of an existing Special Permit – Fee \$50**

Approved Use: \_\_\_\_\_

Zoning Regulation Section: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Attach a written description of the proposed revision and why it is needed.

\_\_\_\_\_ Attach a site plan or survey map showing the location of the proposed revision with distances to property lines, well and septic system

\_\_\_\_\_ Attach a revised floor plan, if applicable

Also required for ALL applications: TESTING RESULTS AND SEPTIC SYSTEM PLAN TURNED INTO SUZANNE. SIGN OFF NO FOLLOW

\_\_\_\_\_ Health Department Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Health Department Agent

Application fee as listed above plus \$60 State Tax – Check payable to Town of Washington

Letter of Authorization signed by the property owner if he will be represented by an agent

Signed Mandatory Land Use Pre-Application Form re: Conservation Easements

N/A Proof of Inland Wetlands Commission approval, if applicable

N/A Proof of Zoning Board of Appeals approval and filing on the Land Records, if applicable

N/A Proof of Historic District Certificate of Appropriateness, if applicable

N/A Driveway sing-off from the First Selectman, if applicable

Site plans and sketch plans shall meet the standards listed in Section 14 of the Zoning Regulations

Additional documentation may be required depending on proposed use.

This application must be submitted to the Land Use Office.

The Undersigned hereby certifies that the information provided in this application, including its supporting documentation, is accurate and true.

Signature of Property Owner: Dan Lujan Date: 12/12/20

Telephone Number: 860 868 9045 Email Address: \_\_\_\_\_

FOR OFFICE USE:

Received by: S. White Date: 12-16-2020

Amount Paid: 150 Check # 328 Date: 12-10-2020 Written by: Building Project Mngmnt

Scanned \_\_\_\_\_ Building \_\_\_\_\_ Index \_\_\_\_\_

To: Town of Washington Zoning Commission

I hereby authorize Larry Washington to act as my agent for obtaining any necessary permits for work proposed at 143 Lower Church Hill Rd.

  
Dan Lutkin

To: Town of Washington Zoning Commission

Special Permit Application: Dan Lufkin

143 Lower Church Hill Rd

#### Detached Accessory Apartment

A studio apartment is proposed for the 2<sup>nd</sup> floor of an existing garage on property.

Water will be supplied from an existing well. A new propane HVAC system will be installed.

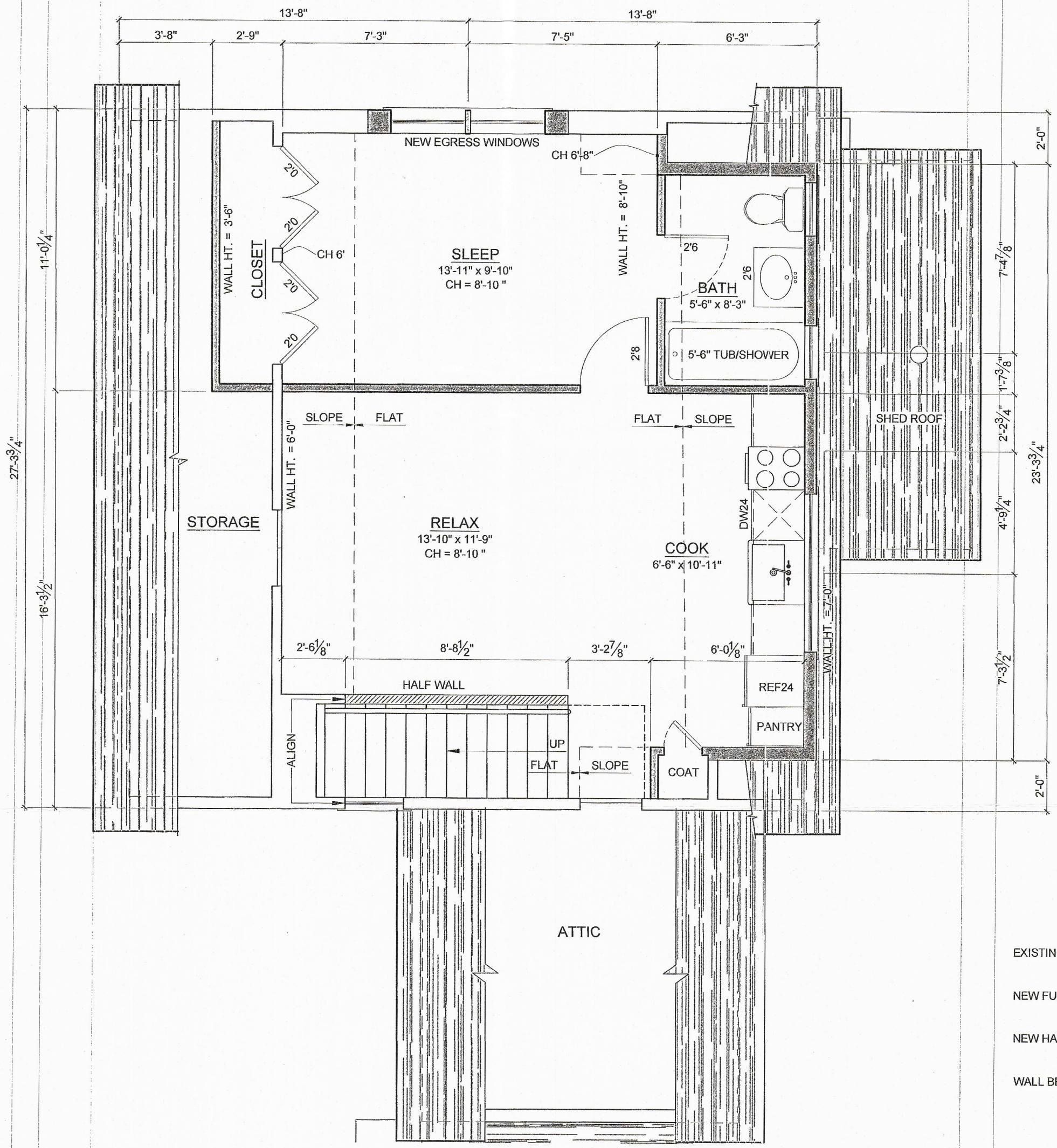
A new septic system will be installed to service only the apartment.

The owners current live-in caretaker will reside in the apartment.

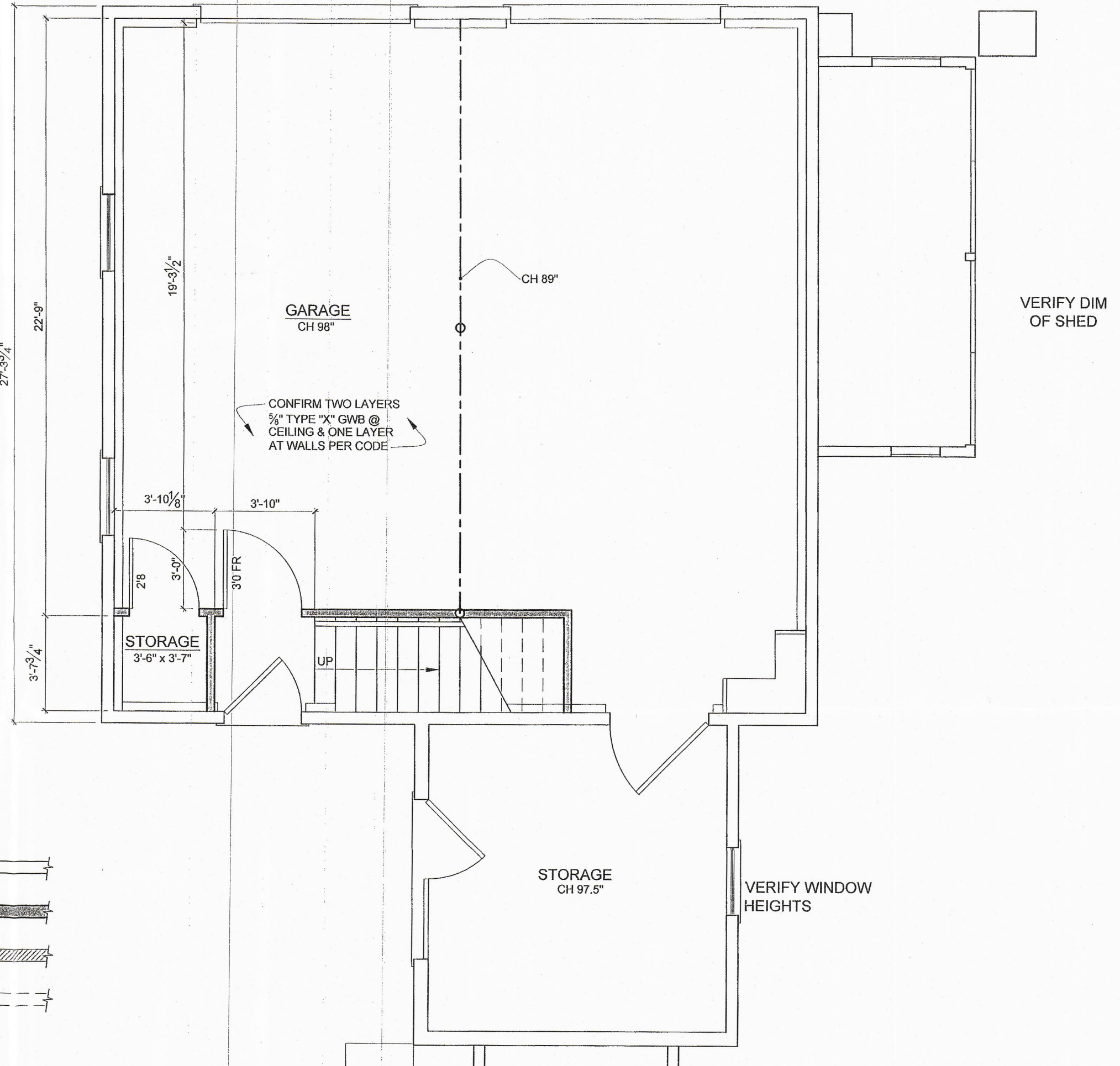
The apartment will consist of 511 sq ft of conditioned space



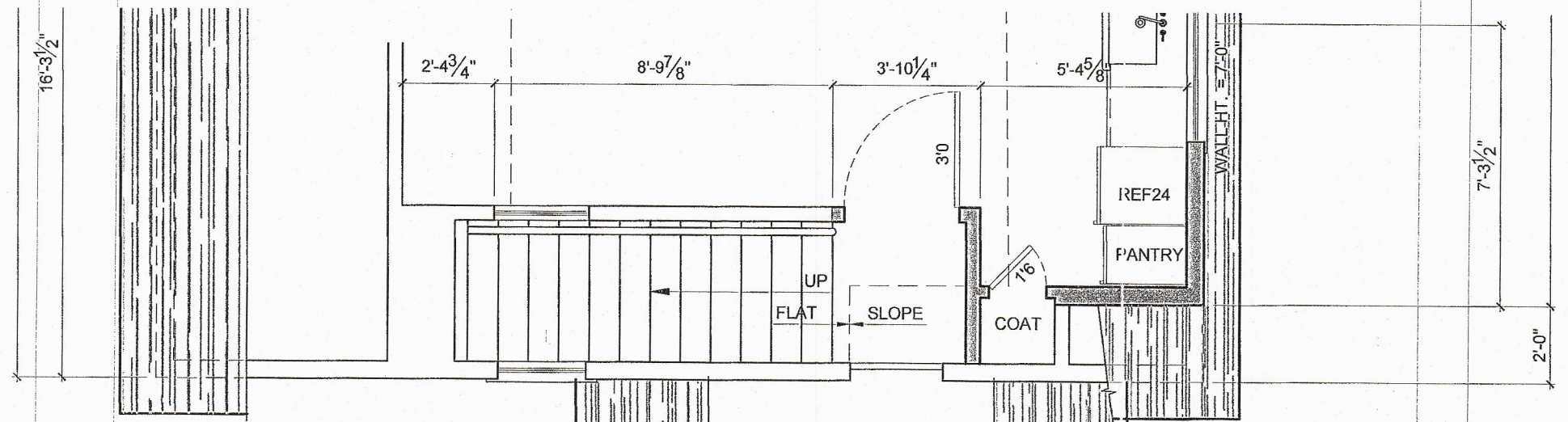
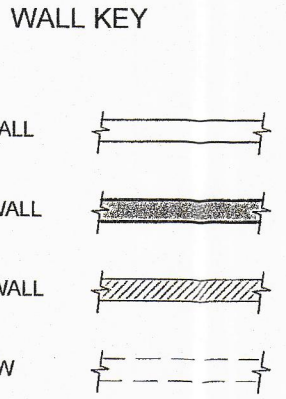




**2** PROPOSED SECOND FLOOR PLAN  
SCALE: 1/4" = 1'-0"



**1** PROPOSED FIRST FLOOR PLAN  
SCALE: 1/4" = 1'-0"



**2** OPTIONAL SECOND FLOOR ENTRY  
SCALE: 1/4" = 1'-0"

**PROPOSED GARAGE**

<p><b>Allee Architecture + Design, LLC.</b></p> <p>PO Box 1626 Lakeville, CT 06039 (860) 435-0640 (518) 592-1369fax</p>	<h1>LUFKIN RESIDENCE</h1> <p>143 Lower Churchill Road Washington Depot, CT</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Scale</td> <td>1/4" = 1'-0"</td> </tr> <tr> <td>Date</td> <td>11.10.2020</td> </tr> <tr> <td>Job No.</td> <td>20-021</td> </tr> <tr> <td>Sheet No.</td> <td></td> </tr> </table> <h2 style="text-align: center; margin-top: 20px;">A1.0</h2>	Scale	1/4" = 1'-0"	Date	11.10.2020	Job No.	20-021	Sheet No.	
Scale	1/4" = 1'-0"									
Date	11.10.2020									
Job No.	20-021									
Sheet No.										



**STANDARD NOTES**

- All construction methods, materials and installation of the system to be in accordance with all applicable local and state regulations.
- Topographic and property data shown are only approximate.
- Topographic data based on FIELD SURVEY property lines based on RECORD MAP 280A.
- The test results and soil types shown apply only to the test holes shown and may vary throughout the site. Soil type and grade should be verified by the owner over the entire leaching area prior to construction.
- Select fill, if required, to be placed in maximum of 12" lifts and to be compacted to a minimum of 90% compaction. Material to have a maximum of 5% passing the #200 sieve. Prior to the delivery of select fill to the site, the contractor at his expense, shall furnish a certified gradation analysis to the local Health Department and to the Design Engineer. Final approval of septic fill will be conditional on the completion of a percolation test on the inplace material. This test is to be witnessed by the Design Engineer and/or local Health Department official. The maximum allowable percolation rate will be 17in/10 minutes, unless otherwise noted.
- Unless otherwise directed hereon, the site requiring placement of select fill shall be prepared by removing all topsoil in the system area and 3 ft on all sides. No heavy equipment shall be used in this prepared area. Fill shall be placed on the perimeter of the trench area and spread with a small crawler, tractor or other approved machinery, upon placement of the first lift of select fill, material shall be thoroughly troweled into the existing subsoil layer.
- Call "Call Before You Dig" 1-800-522-4455 to locate underground utilities on property and show service lines to building from public utilities shown on plan.
- Contractor shall contact the certifying engineer and Health department at least 24 hours prior to starting construction, or the system installation will not be certified.
- CR tank is to be installed inside proposed building.
- The licensed installer shall cover the septic system with clean soil as prescribed by the latest revision of Technical Standards. Clean soil is native soil, free of contaminants such as boulders, building debris, stumps, etc.
- Septic system to be staked by Engineer/Surveyor and benchmark set prior to starting construction.
- A sieve analysis of the septic fill is to be provided to the health district and design engineer verifying compliance to Health Code requirements prior to placement on site.
- Prior to backfilling septic system Engineer/Surveyor to asbuilt completed septic system and provide plan to health department.

**SOIL TEST DATA TESTS CONDUCTED 12/02/20**

TEST HOLE #1	TEST HOLE #3	PERCOLATION TEST
0-12" TOPSOIL	0-12" TOPSOIL	DEPTH P1 P2
12-13" RU BR SANDY SUBSOIL	12-42" RU BR SANDY SUBSOIL	0 6.0" 3.3"
43-54" GR BR SANDY HILL	NO WATER OR MOTTLING	10 8.5" 4.3"
LEGE #34" ROOTS TO 43"	LEGE #42" ROOTS TO 42"	20 9.2" 3.25"
		30 10.0" 6.2"
		40 11.0" 6.5"
		50 11.8" 7.0"
		60 12.0" 7.0"
		70 17.50 17.20

**DESIGN INFORMATION**

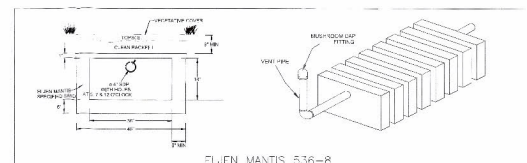
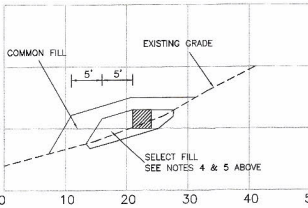
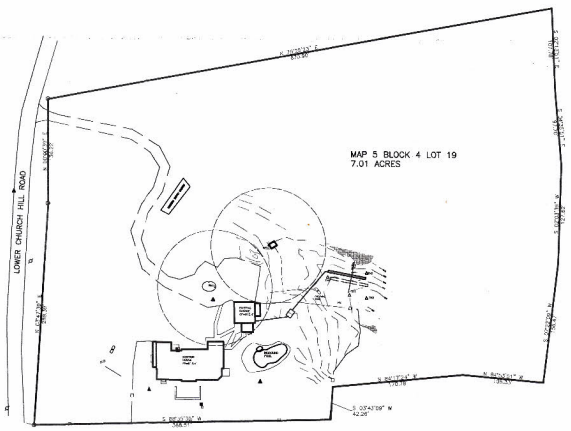
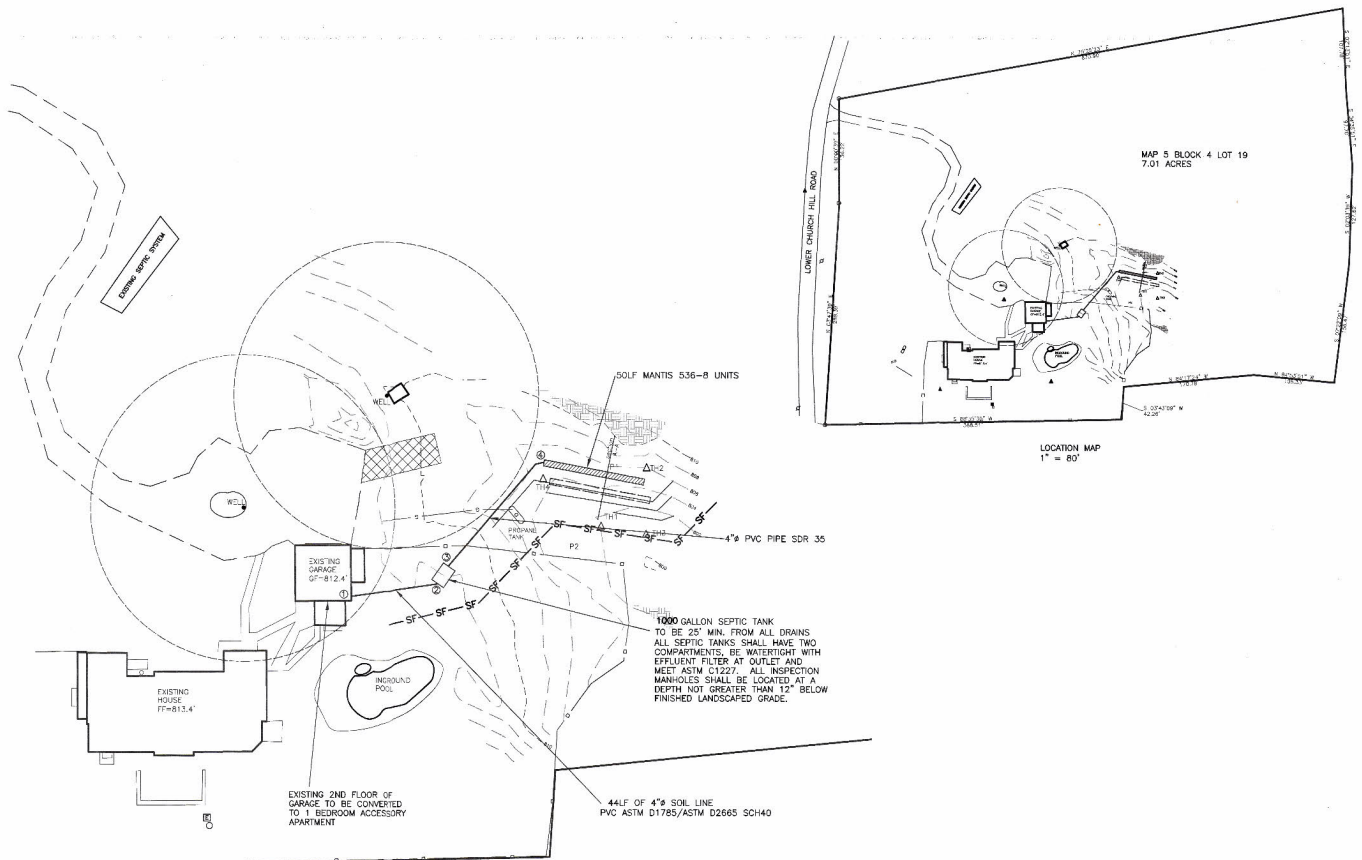
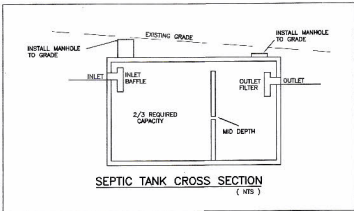
Proposed 1 bedroom accessory apartment System designed for minimum 2 bedrooms  
 500sf of effective leaching area required  
 550sf of effective leaching area provided  
 50 lineal feet of 4" MANTIS 536-8 UNITS required for proposed 1 bedroom house.  
 MSSS CALCULATIONS: Depth= 58" Slope= 1.2% HF= 16 FF= 1.0 PF= 1.02  
 MSSS = (HF) x (FF) x (PF) = .20' restorative layer = 64=63=42=64/4 = 58"

**SYSTEM DETAILS**

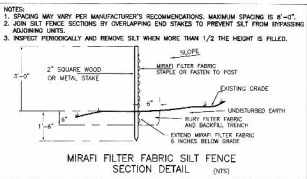
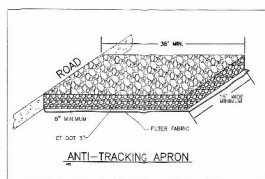
No.	Inv. Elev.
①	810.0
②	808.5
③	808.25

No.	Elev bottom sys
②	805.0

\* overflow invert to lower trench to be set at elev. of top of trench/unit



MIN. SIZE	MINIMUM PADDING
#100	100K
#150	150K-180K
#200	200-250K
#250	250-300K
#300	300-350K
#350	350K
#400	400K



I HEREBY CERTIFY THAT THE PERCOLATION TEST(S) SHOWN HEREON WERE CONDUCTED IN CONFORMANCE WITH ALL CURRENT STATE REGULATIONS UNLESS OTHERWISE NOTED HEREON.

*Larry Edwards*  
 LARRY EDWARDS, P.E. #10937

**LEGEND**

- EXISTING CONTOUR
- PROPOSED CONTOUR
- DEEP TEST PIT
- PERCOLATION TEST
- FILTER FABRIC FENCE
- ANTI-TRACKING APRON
- BUILD SETBACK LINE

Client: **WMJ**  
 Date: **12-11-20**  
 Scale: **1"=30'**  
 Design: **LE**  
 Drawn: **LE**  
 Check: **JE**  
 File # **2804**

**PROPOSED SITE PLAN #143**  
**LOWER CHURCH HILL ROAD**  
**WASHINGTON, CONNECTICUT**

0 30' 60' 90'

J. EDWARDS & ASSOCIATES, LLC  
 Engineering and Surveying  
 277 Steepney Road  
 Easton, CT 06032  
 (203) 288-4205  
 www.jedwardsassoc.com

New Milford Health Department  
10 Main Street – Town Hall  
New Milford, CT 06776  
telephone: (860) 355-6035

TO: Larry Edwards, P.E.

Date: 1/12/2021

FR: Suzanne Von Holt, Sanitarian, R.S.

Signed: *Suzanne Von Holt*

RE: Review of Engineering Plan for Subsurface Sewage Disposal System located at:  
143 Lower Church Hill Road - Washington Garage/Guest House

Engineer: Larry Edwards, P.E.

Date Received: 12/16/2020

.....  
REASON FOR SUBMISSION:

- |   |  |
|---|--|
| <input type="checkbox"/> Minimum percolation rate poorer than 30 minutes/inch | <input checked="" type="checkbox"/> New Construction   |
| <input type="checkbox"/> High maximum ground water level                      | <input checked="" type="checkbox"/> Shallow ledge rock |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Repair                        |

DESIGN SPECIFICATIONS:

No. of bedrooms 1  
Septic Tank 1000 gals.  
Fill system 13" feet

Design percolation rate 10.1-20 minutes/inch  
Leaching system Mantis 536-8=550sf  
Curtain drain NA

ACTION:

- Approval.
- Approval with provisions noted below.
- Conditional approval subject to provisions noted below.
- No action at this time. Design plan is acceptable. No approval can be issued until site conditions meet the requirements of the Connecticut Public Health Code.
- Approval denied. Site unsuitable for sewage disposal.
- Approval denied. Insufficient information on plan. Revise as noted and resubmit.
- Approval denied. Further site investigation required.

COMMENTS:

**This system does not provide for water softener discharges OR kitchen garbage grinders.**  
**1. Engineer to stake all components of the septic system prior to construction. 2. Engineer to approve quantity, quality and placement of select fill (C33). 3. A sieve analysis is to be submitted to the Health Department. 4. Engineer to submit an as-built to the Health Department.**



TO: Washington Zoning Commission

This is to certify that we will be living at 143 Lower Church Hill Rd.,  
full time, for the duration of the (applied for) special permit.

*Dan Lutkin*

Dan LUTKIN

Revid: 12/21/20  
*JJR*