

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: 116 Woodbury Road

Name and Mailing Address of Property Owner:

MFSPA2013, LLC 118 Woodbury Road, Washington, CT 06793, ATTENTION: Jennifer Usaty

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

Mohit Girdhar, General Manager, Mobile: 203-770-4321; email: mohit.girdhar@auberge.com

Application is for (Check One):

New Special Permit - Fee: \$150

Proposed Use: Event Tent for weddings, corporate meetings and similar events

Zoning Regulation Section: 4.4.1, 13.1.C & 14

Zoning District: R-1 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:

X Health Department Approval: See attached signed Application for Approval Date: 11/20/19
Signature of Health Department Agent

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

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

X 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 sign-off from the First Selectman, if applicable

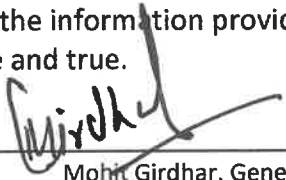
Site plans and sketch plans shall meet the standards listed in Section 14 of the Zoning Regulations

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: _____ Date: 11/15/21


Mohit Girdhar, General Manager

Telephone Number: 860-868-9466
mohit.girdhar@aubergeresorts.com

Email Address: _____

FOR OFFICE USE:

Received by: _____ Date: _____

Amount Paid: _____ Check # _____ Date: _____ Written by: _____

Scanned _____ Building _____ Index _____



Washington Department of Health

Bryan Memorial Town Hall – P.O. Box 383

Washington Depot, CT 06794

(860) 868-0423 ◊ Fax: (860) 868-2819

Application for Approval for Building Addition/Conversion

\$20 application fee – checks made payable to Town of Washington

Name of Owner: MATFLOWER INN 2013, LLC Owner Phone: _____

Location of Property: 116 WOODBURY ROAD

Name of Applicant: REESE OWENS Applicant Phone: 860 868 4000
(If different from owner)

Applicant Address: REESE OWENS ARCHITECTS Email: ROWENS@REESEOWENS.COM

Property is: Residential No. of Bedrooms: _____

Commercial

Describe type and size of addition/conversion proposed: SEASONAL EVENT TENT
48' x 88'

If Residential:

- Addition conversion will change building from seasonal to full time use
- A new foundation will be constructed for the addition
- If tool or garden shed, it will have a permanent foundation
- Addition will be detached from the other building(s)
- Addition has already been constructed

This application must be accompanied by a sketch/drawing showing relative distances to septic systems, wells and code-complying area, if required.

Applicant Signature: *[Signature]* Date: 11-20-19

(DAVID SULLIVAN FOR REESE OWENS ARCHITECTS)

For Department of Health Use Only.

Department of Health Record on file? Yes No

On site inspection and/or soil tests required? Yes No

Addition reduces lot area available for septic system construction? Yes No

Findings/Recommendations Will rerout 2" force main + disconnect existing septic system that will be under the tent

Inspection: ++ Approved: 11 20 19 Inspector *[Signature]* Fee Paid \$ ✓

MFSPA2013, LLC

118 Woodbury Road
Washington, CT 06793

November 11, 2021

Town of Washington
Zoning Commission
Bryan Memorial Town Hall
P.O. Box 383
Washington Depot, CT 06794

Re: *Authorization for Representatives to file Permit Application on behalf of MFSPA2013, LLC*

To Whom it May Concern,

In connection with the above referenced matter, MFSPA2013, LLC (the "*Company*"), hereby appoints William Grickis as the Company's duly authorized attorney, and Mohit Girdhar, Acting General Manager of The Mayflower Inn and Spa and an employee of MFINN2013, LLC, an affiliate of the Company, Jennifer Usaty, Regional Director of Finance, Northeast and an employee of US Hotels New England, LLC, an affiliate of the Company, and Reese Owens, the Company's architect representative, as authorized representatives, in each case, to appear on behalf of the Company in connection with its Permit Application and the related meeting scheduled for November 22, 2021.

Thank you for your assistance with this matter.

Very truly yours,

MFSPA2013, LLC



Paige B. Larrabee
Secretary

TOWN OF WASHINGTON

MANDATORY LAND USE PRE-APPLICATION FORM

This form is required for all health, wetlands, zoning, planning, and building applications except for interior or exterior work on existing buildings, which in no way expands or alters the footprint.

No planning, zoning, inland wetlands and watercourses, or historic district commission; health department; building; or zoning board of appeals application for a permit may be filed until the holder(s) of any conservation restriction or preservation restriction on the subject property has been notified. Please see the State legislation in its entirety, reprinted for your convenience on the reverse of this form, Public Act 05-124, Effective October 1, 2005.

Provide the legal name of the property owner(s) and the street address of the property for which one of the above applications will be submitted, then complete either section A or B below.

Property Owner(s) of Record MFSPA 2013, LLC

Subject Property Address 116 WOODBURY ROAD

A. I hereby certify that *there are no* conservation easements or restriction, nor any preservation restrictions on the above-referenced property.

Signature of Property Owner MFSPA 2013 LLC Date 11/12/2021

Signature of Property Owner By MOHIT PIRDHAR ACTING GENERAL MANAGER, DULY AUTHORIZED Date _____

B. *There are* conservation easements or restriction, or preservation restrictions on the above-referenced property.

The name of the easement or restriction holder is _____

The phone number of the easement or restriction holder is _____

You must obtain and attach one of the following:

- (1) proof that the easement or restriction holder was notified not less than 60 days in advance of the application by certified mail, return receipt requested, of the property owner's intent to apply for a planning, zoning, inland wetlands and watercourses, or historic district commission; health department; building; or zoning board of appeals permit, *or*
- (2) a letter from the easement or restriction holder verifying that the application is in compliance with the terms of the easement or restriction.