CITY OF DERBY - PLANNING & ZONING COMMISSION

APPLICATION FOR SITE PLAN APPROVAL / MODIFICATION

APPLICATION # _____ Date submitted: 6/10/2026 Date accepted: _____

FEE (as per schedule) $650.00 Action taken: _____

The undersigned hereby applies to the Planning & Zoning of the city of Derby, Connecticut for approval of a site plan application under the city of Derby's Site Plan Regulations and grants the Derby Planning & Zoning Commission, City Engineer, and other perinate city agencies or their authorized agents, permission to enter upon the property under this application for the purpose of inspection and other actions related to the administration of the Site Plan Regulations of the City of Derby. The applicant acknowledges that all documentation related to the application are within Public Domain.

A. Name of Applicant: The Griffin Hospital

Address: c/o Attorney Dominick Thomas, 315 Main St., Derby, CT 06418

Email: djt@cohen-thomas.com Phone: 203-735-9521

Interest in Property: own [X] Rent [ ] option to buy [ ]

other [ ] _____

B. Owner of property: Same as applicant

Address of owner: _____

Email: _____ Phone: _____

C. Description of Property

Address of property: 130 Division Street

Zone: HC Assessor's Map No. 8-9 Block _____ Lot 95

Are all adjacent properties within the same zone YES [ ] NO [ ]

Total Sq. Footage of lot 5.14 ac / 223,898 SF Lot Dimensions: _____

Gross Sq. Footage of proposed building/ use: CHP-1 1006KW, 480V Generator for the hospital - 660 SF+/-

Application is for the reuse of an existing building without enlargement of the existing structure(s) YES [ ] NO [X]

Documentation to support the application:

___1) introductory letter of the zoning process and responsibilities

___2) Application Checklist from Zoning Enforcement Officer

_X_3) Statement of use

_X_4) Site Plan

_X_5) Maps, Plans, Documentation

n/a 6) Supporting Referral agencies

n/a 7) Waivers /Extensions / Variances requested by the applicant

Street setback variance granted 6/9/2026

# Zoning Application Process and Responsibilities (attachment #1)

Applicants are encouraged to follow the following guidelines:

1) Submission of Application to the City of Derby

a) Prior to the submission of a formal zoning application, the applicant shall meet with the Zoning Enforcement Officer for a free consultation to discuss the nature of the application and the zoning application process.
If the Zoning Enforcement Officer deems it appropriate, he may waive the submission of specific information required within the application checklist.
Contact: Zoning Enforcement Officer @ 203-736-1481 zoning@derbyct.gov

b) Submit 10 copies of the completed application and all related supporting documentation as a well as the initial application fee to the Zoning Enforcement officer It is the applicant's responsibility to ensure that the information provided is accurate, complete and to the standards subscribed. Failure to do so can impede the application process or result in the rejection of the application as incomplete by the Planning and Zoning Commission.
Submit to: Zoning Enforcement Officer or
Building Department Secretary lnarowski@derbyct.gov

2) REVIEW OF THE APPLICATION by PLANNING AND ZONING COMMISSION

a) Initial Planning and Zoning Meeting: The Planning and Zoning Commission receives applications forwarded by the Zoning Enforcement Officer at their monthly meetings. The Commission does not act on the application at this time but will receive the application to be reviewed at its next regularly scheduled meeting, with possible action taken. The applicant does not have to be present at this initial meeting.

b) Review of application by the City Engineer and effected city agencies should be conducted during the intermission between the initial acceptance of application and the following month's Planning and Zoning Meeting. It is the applicant's responsibility to initiate contact with the required agencies/departments and resubmit any modifications back to the City Engineer prior to the next scheduled P&Z meeting.

c) Review and Possible Action Planning and Zoning Meeting. The commission will review the application with any revisions received since its acceptance at the initial submittal The applicant or their representatives should be present to answer any questions the commission members may have. If the Commission finds that all required information has been provided and all legal requirements met, the commission may rule for or against the application at this time. If additional information or the need to schedule, or continue a public hearing is required, the application will be extended to the next monthly meeting **or subsequent meeting** if both the applicant and Planning and Zoning Commission agree to an extension.

Application # _____ Zoning Officer _____

# Site Plan Application Requirement Checklist (attachment #2)

The checklist is intended as an aid to expedite the work of the city staff, the Planning and Zoning Commission and the Applicant. It provides a general overview of information required within a site plan application and is not intendent to override any information or requirements in the zoning regulations, other applicable city codes, ordinances and procedures. **THIS ATTACHMENT WILL NOT BE ACCEPTED BY PLANNING AND DEVELOPMENT WITHOUT THE ZONING ENFORCMENT OFFICERS SIGN OFF.**

| | YES | NO | VARIANCE |
|---|---|---|---|
| A. **General Information** | | | |
| (1) Application form completed | | | |
| **B. Site plan map** | | | |
| (1) Name of applicant | | | |
| (2) Name of owner(s) of record and addresses | | | |
| (3) Signature and seal of P.E. / architect licensed by State of Connecticut | | | |
| (4) Scale not less than 1" = 50' | | | |
| (5) A-2 survey including distances with angles or bearings | | | |
| (6) North arrow | | | |
| (7) Numerical and graphic scale | | | |
| (8) Date of map | | | |
| (9) Key map | | | |
| (10) Zone classification of property | | | |
| (11) Zone classification of adjacent properties and Name of owner(s) of record | | | |
| (12) Table/chart containing: required submitted | | | |
| (a) Lot size | | | |
| (b) Lot width | | | |
| (c) Front yard | | | |
| (d) Side yard | | | |
| (e) Rear yard | | | |
| (f) Parking spaces | | | |
| (g) Buffer area | | | |
| (h) Lot coverage | | | |
| (i) Floor area | | | |
| (j) Bldg. height | | | |
| (13) Boundary dimensions | | | |
| (14) Street lines and names | | | |
| (15) Location. width, purpose of existing and proposed R.O. Ws and easements | | | |

Application# _____

## Statement of use (attachment #3)

A. Nature and extent of the proposed use or occupancy:
**The installation of 1 CHP-1 1006KW, 480V Generator, for the Hospital off Spring Street.**

B. Total square feet of proposed building space occupied: **generator / 660+/- SF**

C. Adequacy of utilities to support proposed use:
**All necessary utilities are available.**

D. Disclosure of any toxic or hazardous materials to be used or stored in connection with the proposed use or occupancy **None**

E. Total employees per shift: **N/A**

F. Anticipated visitations per day **N/A** visitations at peak hour **N/A**

G. Hours of operation: **24 hours**

H. Timetable for development of proposed use

Applicant signature: D J Thomas Jr.

(printed) **Dominick J. Thomas / Attorney for Applicant / Owner**

Owner(s) of Property signature: D J Thomas Jr.

(printed) _____

Owner(s) of Property signature: _____

(printed) _____

Application # _____

## Site Plan Drawings (attachment #4)

The following drawings must be submitted according to the requirements specified within the City of Derby Zoning Regulations, Article V Site Plan Review. Allowing for waivers received from the Zoning enforcement officer, subject to modifications subscribed by the Planning and Zoning Committee.

1) General location map showing the location of the site in relation to existing city roads at a scale of one-inch equals 800 feet.
2) Site Plan Drawings.

Preliminary Drawings prepared and certified by:

Name: _____
Address: _____
_____
dated: _____

Final Site Plan Drawings prepared and certified by:
Name: **Kinsley Energy Systems**
Address: **14 Connecticut South Drive**
**East Granby, CT 06026**
dated: **3/7/2025 revised to 7/21/2025**

Approved by the Derby Planning & Zoning Commission
Final Approval dated: _____
Planning & Zoning Chairperson: _____
_____

Dated: _____
Expiration Date: _____
Conditional Approval: _____
Planning & Zoning Chairperson: _____
_____

Date: _____
Expiration Date: _____
Planning & Zoning Chairperson: _____
_____

Application # _____ Zoning Officer _____

## Maps, Plans, and Documents (attachment #5)

The following documentation must be submitted unless waived by the Zoning Enforcement Officer.

**LAND SURVEYOR:** KRATZERT JONES AND ASSOCIATES TITLED "PORTION OF SPRING STREET DERBY, CT", PREPARED FOR TIGHE & BOND, AND DATED DECEMBER 18, 2024

Address: _____

_____

Phone: _____ Email: _____

**Professional Engineer:** N/A

Address: _____

_____

Phone: _____ Email _____

**Site Plan** (to an accuracy meeting the standards for a Class A-2 Survey):

Name: Generator site plan prepared by Kinsley Energy Systems based on

Address: approve MRI building site plan.

_____

phone: _____ Email: _____

**Architectural Plans:** N/A

Name: _____

Address: _____

_____

Phone: _____ Email: _____

**Stormwater Detention:** N/A

Name: _____

Address: _____

_____

Phone: _____ Email: _____

**Traffic Impact Report:** N/A

Name: _____

Address: _____

_____

Phone: _____ Email: _____

**Other:** (if any) _____

Name: _____

Address: _____

_____

Phone: _____ Email: _____

Application # _____ Zoning Officer _____

## Supporting Referral Agencies (attachment # 6)

Evidence must be submitted that the applicant, simultaneously with or prior to submission of the application has transmitted a copy of the application together with plans and documents if so specified, to the following public agencies as required:

| Agency Referrals requested | date submitted | received |
|---|---|---|
| _____ A. Zoning Enforcement Officer | _____ | _____ |
| _____ B. City Engineer | _____ | _____ |
| _____ C. Inland Wetlands Commission | _____ | _____ |
| _____ E. Fire Marshal | _____ | _____ |
| _____ F. Chief of Police | _____ | _____ |
| _____ E. Water Pollution Control Authority | _____ | _____ |
| _____ F. Street Commissioner | _____ | _____ |
| _____ G. Board of Alderman | _____ | _____ |
| _____ H. Connecticut Department of Transportation | _____ | _____ |
| _____ I. Naugatuck Valley Council of Governments | _____ | _____ |
| _____J. Other_____ | _____ | _____ |
| _____ Other__ | _____ | _____ |
| _____ Other _____ | _____ | _____ |

Application # _____ **(attachment #7)**

## Waivers / Extensions / Variances requested by the applicant

**NONE**

(1) waivers received from the Zoning Enforcement officer during the initial site plan checklist review meeting.

_____

_____

_____

_____

(2) waiver requested by the applicant to Planning & Zoning Committee

_____

☐ Approved ☐ Denied date requested: _____ response date: _____

_____

☐ Approved ☐ Denied date requested: _____ response date: _____

(3) extension requested by the applicant to Planning & Zoning Committee

_____

☐ Approved ☐ Denied date requested: _____ response date: _____

(4) Variance requested by the applicant to other agencies

_____

☐ Approved ☐ Denied date requested: _____ response date: _____

_____

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