



SITE DESIGN
LANDSCAPE ARCHITECTURE
URBAN PLANNING

February 25, 2021

ORIGINAL

RECEIVED

MAR 05 2021

LAND USE OFFICE
Salisbury, CT

Via Certified Mail with Return Receipts

Re: Special Permit Application #2021-0123: request for Special Permit review and approval of a twelve (12) dwelling residential community for real property known as 11 Holley Street, Village of Lakeville, located in Salisbury, Connecticut, with an Assessor Designation of Map 45, Lot 2, as provided by Sections 403 and 405 of the Zoning Regulations of the Town of Salisbury, Connecticut ("Special Permit Application").

Applicant: Salisbury Housing Committee, Inc.

Notice of public hearing on Monday, March 8, 2021, at 5:30 p.m.

Dear Landowner:

Please be advised that the Salisbury Housing Committee, Inc., has filed the above-referenced Special Permit Application with the Planning and Zoning Commission of the Town of Salisbury, Connecticut ("Commission"). The Special Permit Application has been filed pursuant to Section 405 of the Zoning Regulations of the Town of Salisbury, Connecticut ("Regulations"), entitled, "Multi-Family Housing and Pocketknife Square Overlay Districts" ("PKSQ"), and Section 403 of the Regulations entitled, "Aquifer Protection Overlay District". The subject property is located in the PKSQ Overlay District and Aquifer Protection Overlay District. You are being provided with this notice, and Statement of Proposed Use (below), because you own real property that abuts the real property that is the subject of this Special Permit Application, and to be advised that a hearing to entertain the Special Permit Application has been scheduled by the Commission for Monday, March 8, 2021, at 5:30 p.m. A copy of the Legal Notice for the public hearing is enclosed for your convenience. A summary of the proposal is provided below.

Statement of Proposed Use

The Salisbury Housing Committee, Inc. proposes to develop the existing parking lot located at the intersection of Millerton Road and Holley Street, known as 11 Holley Street, with an Assessor's designation of Map 45, Lot 2, with a 12 unit multi-family affordable housing residential community. The subject property is owned by the Town of Salisbury. The subject property comprises approximately 13,590 s.f. or 0.31 acres, and is located with the Pocketknife Square Overlay Zone District ("PKSQ") and LI-20 Zone District. The Applicant is the Salisbury Housing Committee, Inc., which is a non-profit corporation dedicated to promoting more diverse and affordable housing opportunities to the citizens of Salisbury.

The proposed residential community provides for 12 units in one building consisting of seven 1-bedroom units, four 2-bedroom units and one 3-bedroom unit. The architecture will be in kind to the neighborhood and community. The building consists of three floors with the first-floor level with Millerton Road and the basement consisting of a parking garage that opens to the South in keeping with the slope of the property. In the PKSQ, when at least fifty percent of the proposed units are designated affordable housing as provided in the PKSQ Regulations, and the minimum unit size is 350 square feet, a density bonus is permitted. All 12 units will be affordable housing units, as defined by the Regulations,



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and meet this minimum unit size requirement. Therefore, the proposal satisfies the requirements for this density bonus. The proposed residential community will provide multi-family housing for long-term residential use, and promote a diversity of housing stock and housing opportunities for the citizens of the Town of Salisbury.

The site plan includes a curbed 22 car parking/garage area with an accessible entrance along Millerton Road and a small permeable paver patio area in the North-East corner. A landscaping plan is also part of the application. Site lighting will be residential in character and scale with full-cut off fixtures. The building will be served by the public sewer and water systems.

Date, Time and Location of Public Hearing

You are invited to a Zoom webinar.

When: Mar 8, 2021 05:30 PM Eastern Time (US and Canada)

Topic: Special Meeting of the Salisbury Planning & Zoning Commission

Please click the link below to join the webinar:

<https://zoom.us/j/94276195433?pwd=SXpHU0VJUUVlYXpWTnVkYk&vdkdoUT09>

Passcode: 009651

Or iPhone one-tap :

US: +13126266799,,94276195433# or +16465588656,,94276195433#

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

US: +1 312 626 6799 or +1 646 558 8656 or +1 301 715 8592 or
+1 346 248 7799 or +1 669 900 9128 or +1 253 215 8782

Webinar ID: 942 7619 5433

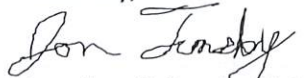
International numbers available: <https://zoom.us/u/aeg36mm0cM>

Zoom Meeting invitation on the agenda and project documents will also be available at the link below.

<https://salisburyct.us/offices/planningandzoning/meetingdocuments>

We hope for your support of this residential community and the opportunities that it provides to the citizens of Salisbury.

Sincerely,



Jonathan P. Tunsky, PLA

Cc: Salisbury Housing Committee, Inc.
Planning and Zoning Commission

7013 1090 0002 3162 7086
7013 1090 0002 3163 2509
7013 1090 0002 3163 2486

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Lakeville, CT 06039

Postage	\$3.60	0447 02	Postmark Here
Certified Fee	\$2.85		
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Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$0.55		
Total Postage & Fees	\$7.00	02/25/2021	

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MCKENZIE BECKER + STEVENS INC
Street, Apt or PO Box
PO BOX 1967
City, State
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Total Postage & Fees	\$7.00	02/25/2021	

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LOTUS HOUSE LLC
Street, Apt or PO Box
101-49 75 RD
City, State
FOREST HILLS NY 11375

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Torrington, CT 06790

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Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$0.55		
Total Postage & Fees	\$7.00	02/25/2021	

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Street, Apt or PO Box
1300 WINSTED ROAD
City, State
TORRINGTON CT 06790

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West Cornwall, CT 06796

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Certified Fee	\$2.85		
Return Receipt Fee (Endorsement Required)	\$0.00		
Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$0.55		
Total Postage & Fees	\$7.00	02/25/2021	

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POCKET KNIFE SQUARE LLC
Street, Apt or PO Box
PO BOX 68
City, State
WEST CORNWALL CT 06796

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Lakeville, CT 06039

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Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$0.55		
Total Postage & Fees	\$7.00	02/25/2021	

Sent To
Katie Baldwin Designs
Street, Apt or PO Box
PO BOX 367
City, State
LAKEVILLE CT 06039

PS Form 3800, August 2008 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL RECEIPT
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For delivery information visit our website at www.usps.com
Lakeville, CT 06039

Postage	\$3.60	0447 02	Postmark Here
Certified Fee	\$2.85		
Return Receipt Fee (Endorsement Required)	\$0.00		
Restricted Delivery Fee (Endorsement Required)	\$0.00		
Total Postage & Fees	\$0.55		
Total Postage & Fees	\$7.00	02/25/2021	

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12 MILLERTON RD LLC
Street, Apt or PO Box
PO BOX 268
City, State
LAKEVILLE CT 06039

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Stacy Riemer</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Stacy Riemer</i> C. Date of Delivery <i>3-1-21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Katie Baldwin Designs PO BOX 367 LAKEVILLE CT 06039</p>	<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail (over \$500)
<p>2. Article Number (Transfer from service label)</p> <p>7013 1090 0002 3163 2493</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	



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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Yes</i> C. Date of Delivery <i>2/27/21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>LOTUS HOUSE LLC 101-49 75 RD FOREST HILLS NY 11375</p>	<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail (over \$500)
<p>2. Article Number (Transfer from service label)</p> <p>7013 1090 0002 3166 1000</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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<p>1. Article Addressed to:</p> <p>ASSURED PARTNERS (FKA FOUNDERS) 1300 WINSTED ROAD TORRINGTON CT 06790</p>	<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail (over \$500)
<p>2. Article Number (Transfer from service label)</p> <p>7013 1090 0002 3162 7079</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

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LAND USE OFFICE
Salisbury, CT

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WADE JONATHAN & AMY
161 WARREN STREET
BROOKLYN NY 11201



9590 9402 5570 9274 7208 64

2. Article Number (Transfer from service label)

7013 1090 0002 3163 2431

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

POCKET KNIFE SQUARE LLC
PO BOX 68
WEST CORNWALL CT 06796



9590 9402 5570 9274 7206 97

2. Article Number (Transfer from service label)

7013 1090 0002 3163 2509

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

DAPHNE M. NAYLOR

C. Date of Delivery

3/10/2021

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (\$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VARDY ADAM SAMUEL SURV &
THOMPSON ERICA MAY SRUV
350 SOUTH 3RD ST #2
BROOKLYN NY 11211



9590 9402 5570 9274 7208 95

2. Article Number (Transfer from service label)

7013 1090 0002 3163 2400

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery


D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No



3. Service Type


- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

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1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery																
PASSWAY PARTNERS LLC PO BOX 649 LAKEVILLE CT 06039	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No Ashley Marchand	3-2-21																
 9590 9402 5570 9274 7208 88	3. Service Type <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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12 MILLERTON RD LLC PO BOX 268 LAKEVILLE CT 06039	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No Kacey Danno	3-2-21																
 9590 9402 5570 9274 7207 10	3. Service Type <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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7013 1090 0002 3163 2486																		
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt																

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Pamela Piper</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Pamela Piper</i> C. Date of Delivery <i>3/3/21</i></p>																
<p>1. Article Addressed to:</p> <p>MCKENZIE BECKER + STEVENS INC PO BOX 1967 LAKEVILLE CT 06039</p>  <p>9590 9402 5570 9274 7206 66</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> 																
<p>2. Article Number (Transfer from service label) 7013 1090 0002 3162 7093</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail (over \$500)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail (over \$500)		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
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<p>1. Article Addressed to:</p> <p>Dean Diamond PO BOX 1963 LAKEVILLE CT 06039</p>  <p>9590 9402 5570 9274 7207 27</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>																
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