

FORM SWP

APPLICATION FOR STORMWATER PERMIT

Date Sept. 30, 2025

Pursuant to the provisions of Chapter 200 of the Bylaws of the Town of South Hadley, the undersigned herewith submits the accompanying application for a Stormwater Management Permit as described below and detailed in the supporting documentation which is incorporated into and made part of this application.

PROJECT/SITE INFORMATION

1. Project/Site Name: Proposed Condominium Community
2. Project/Site Location (Street Address): 136 East Street
3. Assessor's Map # 35 Parcel # 6
4. The subject property is presently in zoning district(s) – Sec 255-11: RA-1
5. Is the property in an Overlay District(s) (Sect 255-15)? No If so, what Overlay District(s): _____
6. Total Parcel Size (square feet): 387,684 SF
7. Estimated Amount of Area to be Disturbed (square feet): 127,598 SF
8. Total Area of Impervious Surfaces (square feet):
 - a. Existing: 0 SF
 - b. Proposed: 55,980 SF
9. Date Site Plan, Special Permit, or Definitive Subdivision Plan was approved: TBD
 - a. If approved, please attach a copy of Planning Board Approval. _____
 - b. Or, Is Application for Site Plan, Special Permit, or Definitive Subdivision Plan Approval being submitted concurrent with this application? Yes
10. General Description of Project The applicant proposes the construction of 14 multifamily residential units with associated site improvements.

APPLICANT INFORMATION

Name: 136 East St, LLC c/o Gerald Coderre
Address: 383 Newton Street, South Hadley, MA 01075
Telephone: 413-538-1002
Email: gcoderre@comcast.net

OWNER INFORMATION *(if different from Applicant)*

Name: Same as applicant
Address: _____
Telephone: _____
Email: _____


CONSULTING ENGINEER INFORMATION

Name: R Levesque Associates, Inc. - Filipe J. Cravo, P.E.

Address 40 School Street, Westfield, MA 01085

Telephone 413-568-0985 Email Address: FilipeC@rlaland.com

I, as applicant, certify that the application and all attachments are correct and complete.



Signature of Applicant

9/23/25

Date

FOR PLANNING DEPARTMENT OFFICE USE:

Amount of Application Fee: _____ Fee Paid? Yes ___ No ___

Town Clerk:

Date of Submission _____

Signature _____