

NOTICE TO APPLICANT WHAT IS NEEDED FOR THE CONSERVATION/ INLAND WETLANDS PERMIT APPLICATION

- 1. THREE COPIES OF THE APPLICATION FORM BOTH SIDES FILLED OUT.
- 2. **ONE COPY** OF THE YELLOW CONNECTICUT DEPARTMENT OF ENVIRONMENTAL PROTECTION FORM FILLED OUT.
- 3. IF YOU ARE IN THE WATERSHED AREA YOU MUST **NOTIFY THE AQUARION WATER COMPANY** BY CERTIFIED MAIL
 WITHIN 7 DAYS OF THE APPLICATION DATE.
- 4. IF YOU ARE IN THE WATERSHED AREA YOU MUST **ALSO NOTIFY THE STATE OF CONNECTICUT DEEP** WITHIN 7 DAYS OF THE APPLICATION DATE. FORM ATTACHED.
- 5. **FEE** PAID WITH APPLICATION.
- 6. <u>SIX COPIES</u> OF YOUR EXACT PLANS SHOWING WHAT EXISTS ON YOUR PROPERTY AND WHAT YOU ARE PLANNING ON DOING ON YOUR PROPERTY.

ADDITIONAL INFORMATION MAY BE REQUIRED AT THE COMMISSION'S DISCRETION.



Easton Conservation Commission Inland Wetlands Agency

125 Center Rd. Easton, CT 06612 Phone #203 268 6291, Fax #203 268 4928

This application is for permission to conduct regulated activities in accordance with the Inland Wetlands and Watercourses Regulations of the Town of Easton.

GEOGRAPHICAL LOCATION OF PI	ROPERTY	
ASSESSOR'S MAP#	BLOCK	LOT#
NAME OF APPLICANT:		
HOME ADDRESS:		
BUSINESS ADDRESS:		
		ONE #
NAME OF PROPERTY OWNER:		
HOME ADDRESS:		
BUSINESS ADDRESS:		
		NE #
FROM TOWN LAND RECORDS, OV	VNERSHIP OF PROPERTY BY V	OLUME:PAGE
1. EXISTING CONDITIONS (Describ	e existing property structures.)	
2. PROJECT DESCRIPTION (Describ	e EACH proposed activity.)	

3. Purpose of the proconstruction, etc.)	roposed activity (e.g., addition t	o existing dwelling, improving wildlife	habitat, industrial
4. Wetland/waterco	ourse area altered:		
Wetlands:	acres	Open water body:	acres
Stream:	linear feet	Upland area altered:	acres
Area of wetlands &	c/or watercourses restored, enha	nced or created: acre	es
5. What alternative	s to the proposed regulated activ	vity did you consider?	
6. If this permit app date of approval?	olication is approved, how much	n time do you feel you will need to com	plete the proposed activity, from
your review of, the -The alternatives to -The environmenta -The relationship b productivity for the -Irreversible and in -Character and deg -Suitability of the a	factors related to your proposal the proposed action I impact of the proposed action etween your short-term use of the Town of Easton retrievable commitments of reso ree of injury to safety, health or	ne environment and the maintenance an	
the State Departme		uired from the Easton Town Planning a and the United States Army Corp of En opportunity.	
Additional R	equirements:		
	igned, witnessed consent is not the property ov	ent to the proposed activity bwner.	by the owner,
location of ex	isting and proposed str	tion of proposed activity on ructures; graphic scale; conto North arrow; title; date and s	our intervals; an

and all subsequent plans. Please delineate on these site plans the 100-foot (200-

foot from large pond or watercourse) setback.

- C. <u>If a Public Hearing is required then you are to provide names and mailing addresses</u> (including zip codes) of adjacent property owners of record, including those on opposite sides of public rights-of-way. Correlate with Assessor's Map and parcel numbers.
- D. Attach three (3) completed copies of this application.
- E. The <u>Statewide Inland Wetlands & Watercourses Activity Reporting Form-Part II</u>, which is attached, must be completed by the applicant and will be considered part of this application.

The undersigned applicant understands that this application is to be considered complete only when all information and documents required by the Agency have been submitted.

The undersigned applicant hereby consents to necessary and proper inspection of the above mentioned property by agents of the Agency, at reasonable times, both before and after any permit in question has been granted by the Agency.

The undersigned warrants the truth of all statements contained herein and in all supporting documents according to the best of the applicant's knowledge and belief.

Type or print name of applicant		Date	
Signature of applicant		Date	
	FOR OFFICE USE ONLY		
Application #			
Date received in office		_ Amount paid: \$	
Received by Commission Date	+ 65 days =	Deadline Date	
Action taken:			REVISED 2006



IS CODE #:			—					
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Statewide Inland Wetlands & Watercourses Activity Reporting Form

Please complete and mail this form in accordance with the instructions. Please print or type.

	PART I: To Be Completed By The Inland Wetlands Agency Only
1.	DATE ACTION WAS TAKEN: Year Month
2.	ACTION TAKEN (circle one): A B C D E F G H
3.	WAS A PUBLIC HEARING HELD? Yes No
4.	NAME OF AGENCY OFFICIAL VERIFYING AND COMPLETING THIS FORM:
	(print) (signature)
	PART II: To Be Completed By The Inland Wetlands Agency Or The Applicant
5.	TOWN IN WHICH THE ACTION IS OCCURRING:
	Does this project cross municipal boundaries? Yes No
	If Yes, list the other town(s) in which the action is occurring:
6.	LOCATION: USGS Quad Map Name: AND Quad Number:
	Subregional Drainage Basin Number:
7.	NAME OF APPLICANT, VIOLATOR OR PETITIONER:
8.	NAME & ADDRESS/LOCATION OF PROJECT SITE:
	Briefly describe the action/project/activity:
9.	ACTIVITY PURPOSE CODE:
10.	ACTIVITY TYPE CODE(S):,,
11.	WETLAND / WATERCOURSE AREA ALTERED [must be provided in acres or linear feet as indicated]:
	Wetlands: acres Open Water Body: acres Stream: linear feet
12.	UPLAND AREA ALTERED [must be provided in acres as indicated]:acres
13.	AREA OF WETLANDS AND / OR WATERCOURSES RESTORED, ENHANCED OR CREATED: acres [must be provided in acres as indicated]
, ,	
DA	TE RECEIVED: PART III: To Be Completed By The DEP DATE RETURNED TO DEP:

FORM COMPLETED: YES NO

FORM CORRECTED / COMPLETED: YES NO

REV. 5/2007

