



Effective: 11/08/2012

Town of Warren
INLAND WETLANDS & CONSERVATION COMMISSION
50 Cemetery Road, Warren, CT 06754
(860) 868-7881 x 117 landuse@warrenct.org

DATE : _____

APPLICATION FOR WETLANDS PERMIT

Applicant's Full Name Michael Griffin & Molly Hart
Company or DBA (if applicable) _____
Permanent Mailing Address 321 Island Creek Dr., Vero Beach, FL 32963
Phone: Preferred 917 584 9758 Alternate Phone _____
Are you the ☒ owner ☐ owner's agent* ☐ other (specify)* _____
*If applicant is other than owner, you must attach a signed letter of authorization
Name of owner, if other than applicant: Same as applicant.

PART 1.

A. Project Name: Drainage Repair 145 North Shore Road
B. Street Address: 145 North Shore Road
C. Assessor's ID: Map # 45 Lot # 18 and, if applicable, Subdivision # N/A and date of subdivision approval N/A

PART 2.

A. Within 100 feet of proposed activity, are there any **wetlands** to your knowledge?

☒ Yes ☐ No ☐ Not sure

B. Within 100 feet of proposed activity, are there any **watercourses**, including or **seasonal watercourses**, to your knowledge?

☒ Yes ☐ No ☐ Not sure

C. Which of the following features does the subject property have, or appear to have?

☐ swamp ☐ marsh ☐ bog ☒ lake or pond ☐ stream or river ☐ flood plain
☐ other wetlands or watercourses (e.g., drainage ditches, swales, collection pools, etc.) Please describe _____

PART 3.

A. Activity for which this permit is sought Repair existing roof drains
(Please refer to site plan).

B. The activity will involve the following within a wetland or watercourse, or upland review area

- | | |
|--|---|
| <input type="checkbox"/> alteration | <input type="checkbox"/> removal of material |
| <input checked="" type="checkbox"/> construction | <input type="checkbox"/> bridge or culvert |
| <input type="checkbox"/> pollution | <input type="checkbox"/> discharge to _____ |
| <input type="checkbox"/> deposition of material | <input type="checkbox"/> discharge from _____ |
| <input type="checkbox"/> other (describe) _____ | |

C. Attach a **general description** of the proposed activity and **identify specifically each regulated activity** for which a permit is sought. Include the type and volume of material to be placed, removed, or transferred. Provide the final on-site location of materials deposited *and* the final off-site destination of materials removed from the subject area. Repair existing roof drains in upland review area. No wetland impact.

D. Attach a **site plan** or drawing showing the locations involved in the proposed activity. This plan must indicate the (1) scale used, (2) north arrow, (3) name of project, (4) owner and applicant or developer, (5) date and subsequent dates of revisions, (6) name of person who produced the site plan, (7) location of watercourses and inland wetlands covered by site plan, (8) existing and pro-posed buildings and improvements, (9) source of water supply, (10) design and specifications for on-site sewage disposal, if any, certified by a sanitary engineer, (11) physical data (composition of material to be deposited and/or excavated, area, volume, slope, etc.), (12) water course data, (13) biological data, (14) proposed measures to protect regulated area from erosion and sedimentation, leaching of pollutants, increased flooding and surface run-off hazards.

E. Attach a list of the names and addresses of **adjacent property owners**.

Please refer to site plan.

PART 4.

If the activity involves the installation of a septic system, has an application for approval been made with the Torrington Area Health District? ☒ Yes ☐ No

If **pending**, date of application _____ If **approved**, date of approval _____

If **denied**, date of and reason for denial _____

*TAD reviewed plan and determined no application required

PART 5.

DEEP Statewide Inland Wetlands & Watercourses Activity Report must be submitted to the state of CT for every application received. Please supply the following information to the best of your ability. The Land Use Office will use this information to submit to DEEP.

Wetland/Watercourse Area Altered (must provide acres of linear feet):

TOTAL AMOUNT OF WETLANDS: 0 acres

TOTAL AMOUNT OF WETLANDS **ALTERED**: 0 acres

TOTAL AMOUNT OF STREAM: 0 linear feet

TOTAL AMOUNT OF STREAM **ALTERED**: 0 linear feet

TOTAL AMOUNT OF OPEN WATER BODY: 0 acres (Lake front)

TOTAL AMOUNT OF OPEN WATER BODY **ALTERED**: 0 acres

TOTAL AMOUNT OF UPLAND AREA ALTERED (must provide acres): 0.04 acres

AREA OF WETLANDS/WATERCOURSES RESTORED, ENHANCED OR CREATED (must provide acres): 0 acres

TOTAL AMOUNT OF WETLANDS ONSITE: 0 acres (Lake front only).

TOTAL AMOUNT OF WETLANDS ONSITE ALTERED: 0 acres

PART 6.

The undersigned applicant hereby **consents to necessary and proper inspections** of the above-mentioned property by the members and/or representatives of the Warren Inland Wetlands and Conservation Commission at reasonable times, **both before and after** the permit in question has been granted by said Commission. Furthermore, the undersigned applicant **attests that the information supplied** in this application is **accurate and complete**, to the best of his or her knowledge and belief.

Signature of Applicant

Date

Signature of Property Owner

Date