

CONSERVATION DEPARTMENT

TOWN HALL – 110 MYRTLE AVENUE WESTPORT, CT 06880 P 203.341.1170 F 203.341.1088

FOR OFFICE USE ON	<u>ILY</u>			
File #				
Date Filed:				
Class:				
Fee: \$				
Date Rec'd:				
Cash Check #				
Final Inspection:	Υ	/	N	
As-built Required:	Υ	/	N	

APPLICATION WESTPORT CONSERVATION DEPARTMENT

PROJECT LOCATION:		
ASSESSOR'S MAP #	TAX LOT #	ZONING DISTRICT
APPLICANT OR AGENT	NAME	OWNER
	(W) PHONE (W)	
EXISTING CONDITIONS (Describe existing p	roperty and structures):	
PROJECT DESCRIPTION/PURPOSE (Describe	the proposed activity):	
PROJECT COST:		
hereby depose and say that all statemer the best of my knowledge:	its contained herein and all exhib	its attached hereto are true and binding to
(Signature of Applie	cant)	(Date)
grants permission to the Conservation Cor for the purpose of resource inventory, imp	nmission/Department and its age pact analysis, and compliance inve	nplies consent to the proposed activity, and nts to inspect the property herein described estigation at any time beginning on the date issued, or in the event of permit denial, for
(Signature of Property	Owner)	(Date)

FOR DEPARTMENT USE ONLY

1. **DEPARTMENT FINDINGS**:

After prelim been identif	inary review by department staff, the following areas, resource ied:	s and levels o	f enviro	nmental licensure have
0	Wetland(s) / Watercourse(s), section:			
	☐ Non-regulated Activity ☐ Permit Required		FEE \$	
0	Wetland / Watercourse Setback(s), section:			
Ü	□ Non-regulated Activity □ Permit Required		FEE \$	
	, ,		•	
0	Waterway Protection Line(s), section:			
	☐ Non-regulated Activity ☐ Permit Required		FEE \$	
	A suifer a setion.			
0	Aquifer, section: ☐ Non-regulated Activity ☐ Permit Required		FEE \$	
	- Non-regulated Activity - Fermit Required		FEE 3	
0	Staff Site Inspection for Determination of Wetland Boundary			
	☐ Administrative Review ☐ Conservation Commission Re	eview	FEE \$	
	CONSERVATION CERTIFICATE OF C			\$
		STATE		\$
		NOTICE		\$
The applicat	ion has been classified as requiring the following ruling:	TOTAL FEE D	UE	\$
• •	DECLARATORY SUMMARY PLENARY			
	DECLARATORY - SOMMARY - TELVARY			
Public Heari	ng of the application by the Conservation Commission:	not required.		
		scheduled for		
Westport/W	/eston Health District Approval:		lic Sew	er: Yes / No
	Dept. review required: Yes/No Date Approved			
Comments:				
2. REQUES	ST FOR ADDITIONAL INFORMATION:			
Please subm	nit the information referenced in the attached schedule(s) by 4:	00 p.m. on the	<u></u>	day of
20				
Schedule(s):	□A □B □C □D □E □F □G			
0.41				
Other:				
3. RESTRIC	CTION, CONDITIONS AND LIMITATIONS:			
	is valid for a period of six (6) months from the date of review, sl	hown below, a	nd is su	ubject to the following
data/plan(s)	/stipulation(s):			
Reviewed by	y:			
	(Conservation Department Staff Signature)	(Date)		