



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

WESTPORT™

FOR OFFICE USE ONLY	
File #	_____
Date Filed:	_____
Class:	_____
Fee: \$	_____
Date Rec'd:	_____
<input type="checkbox"/> Cash <input type="checkbox"/> Check #	_____
Final Inspection:	Y / N
As-built Required:	Y / N

APPLICATION WESTPORT CONSERVATION DEPARTMENT

PROJECT LOCATION: _____

ASSESSOR'S MAP # _____ TAX LOT # _____ ZONING DISTRICT _____

APPLICANT OR AGENT	NAME	OWNER
_____	_____	_____
_____	ADDRESS	_____
_____	_____	_____
_____	(H) PHONE (H)	_____
_____	(W) PHONE (W)	_____
_____	E-MAIL	_____

EXISTING CONDITIONS (Describe existing property and structures): _____

PROJECT DESCRIPTION/PURPOSE (Describe the proposed activity): _____

PROJECT COST: _____

I hereby depose and say that all statements contained herein and all exhibits attached hereto are true and binding to the best of my knowledge:

 (Signature of Applicant)

 (Date)

The act of applying to the Conservation Commission and/or Department implies consent to the proposed activity, and grants permission to the Conservation Commission/Department and its agents to inspect the property herein described for the purpose of resource inventory, impact analysis, and compliance investigation at any time beginning on the date of the application filing, and extending through the pendency of any permit issued, or in the event of permit denial, for the purpose of compliance control.

 (Signature of Property Owner)

 (Date)

