



WESTPORT

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

FOR OFFICE USE ONLY
File #
Date Filed:
Class:
Fee: \$
Date Rec'd:
Cash/Check #
Final Inspection: Y / N
As-built Required: Y / N

APPLICATION
WESTPORT CONSERVATION DEPARTMENT

PROJECT LOCATION: 30 Edgewater Hillside
ASSESSOR'S MAP # E05 TAX LOT # 085 ZONING DISTRICT A

Table with 3 columns: APPLICANT OR AGENT, NAME, OWNER. Rows include contact information for Bryan Nesteriak and Kevin Chessen, including addresses, phone numbers, and email addresses.

EXISTING CONDITIONS (Describe existing property and structures): Existing property consists of a dwelling, screened porch, covered porch, patio, pool patio, pool, driveway, shed, tennis court and gravel walkway.

PROJECT DESCRIPTION/PURPOSE (Describe the proposed activity): Proposed construction includes the raising and renovation of the existing dwelling, screened and covered porch. New front porch, pool, pool patio, pool patio, terrace, sports court, walkways and retaining walls will also be part of the construction.

PROJECT COST: \$1,000,000

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 (handwritten signature) and Date (9/12/23)

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) and (Date)

**FOR DEPARTMENT USE ONLY**

**1. DEPARTMENT FINDINGS:**

After preliminary review by department staff, the following areas, resources and levels of environmental licensure have been identified:

- Wetland(s) / Watercourse(s), section: \_\_\_\_\_  
 Non-regulated Activity     Permit Required    FEE \$ \_\_\_\_\_
- Wetland / Watercourse Setback(s), section: \_\_\_\_\_  
 Non-regulated Activity     Permit Required    FEE \$ \_\_\_\_\_
- Waterway Protection Line(s), section: \_\_\_\_\_  
 Non-regulated Activity     Permit Required    FEE \$ \_\_\_\_\_
- Aquifer, section: \_\_\_\_\_  
 Non-regulated Activity     Permit Required    FEE \$ \_\_\_\_\_
- Staff Site Inspection for Determination of Wetland Boundary  
 Administrative Review     Conservation Commission Review    FEE \$ \_\_\_\_\_

**CONSERVATION CERTIFICATE OF COMPLIANCE FEE**      \$ \_\_\_\_\_  
**STATE FEE**    \$ \_\_\_\_\_  
**NOTICE FEE**    \$ \_\_\_\_\_  
**TOTAL FEE DUE**     \$ \_\_\_\_\_

The application has been classified as requiring the following ruling:

- DECLARATORY     SUMMARY     PLENARY

Public Hearing of the application by the Conservation Commission:     is not required.  
 is scheduled for \_\_\_\_\_.

Westport/Weston Health District Approval: \_\_\_\_\_    Public Sewer: Yes / No

Engineering Dept. review required: Yes/No    Date Approved \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. REQUEST FOR ADDITIONAL INFORMATION:**

Please submit the information referenced in the attached schedule(s) by 4:00 p.m. on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Schedule(s):  A     B     C     D     E     F     G

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. RESTRICTION, CONDITIONS AND LIMITATIONS:**

This review is valid for a period of six (6) months from the date of review, shown below, and is subject to the following data/plan(s)/stipulation(s):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
 (Conservation Department Staff Signature)

\_\_\_\_\_  
 (Date)