

## **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:	Y / N
As-built Required:	Y / N
	-

## APPLICATION WESTPORT CONSERVATION DEPARTMENT

52 Marion Road PROJECT LOCATION:			
ASSESSOR'S MAP #	TAX LOT #	ZONING DISTRICT	
APPLICANT OR AGENT Andy Soumelidis - LANDTECH	NAME	OWNER Douglas & Samantha DeBono	
518 Riverside Ave.	ADDRESS	52 Marion Road	
Westport, CT 06880		Westport, CT 06880	
	(H) PHONE (H)		
203.454.2110	(W) PHONE (W)		
asoumelidis@landtechconsult.com	E-MAIL		
EXISTING CONDITIONS (Describe existing proper	ty and structures):	Single family residence.	
PROJECT DESCRIPTION/PURPOSE (Describe the presidence with associated site improvements)		Proposed additions to the single family	
PROJECT COST: \$500,000.00			
hereby depose and say that all statements con the best of my knowledge:	ntained herein and all	exhibits attached hereto are true and binding to 03.07.2024	
(Signature of Applicant)		(Date)	
grants permission to the Conservation Commissi for the purpose of resource inventory, impact a	ion/Department and it nalysis, and compliance	ent implies consent to the proposed activity, and sagents to inspect the property herein described investigation at any time beginning on the date ermit issued, or in the event of permit denial, for	
Attached			
(Signature of Property Owne	er)	(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 annlicat	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)		