

## **CONSERVATION DEPARTMENT**

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

## APPLICATION WESTPORT CONSERVATION DEPARTMENT

PROJECT LOCATION: 45 COMPO BEA	<u>СП К</u> О			
ASSESSOR'S MAP # D03/ /	TAX LOT # 016/0	000 /	ZONING DISTRICT RES A	
APPLICANT OR AGENT			OWNER	
CINDY TYMINSKI/MOON GARDENS LLC	NAME	45 COMPO BEACH RD LLC		
PO BOX 66	ADDRESS	45 COMPO BEACH RD		
GREENS FARMS CT 06838		WESTPORT, CT 06880		
203-461-0288	 (H) PHONE (H)			
	(W) PHONE (W)			
moongardensdesign@gmail.com				
	<u>E</u> -MAIL			
PROJECT DESCRIPTION/PURPOSE (Describe A new FEMA compliant single-family dw pool, pervious patios, gravel driveway described to the second sec	velling with a detached	-		
PROJECT COST:				
I hereby depose and say that all statements the best of my knowledge:		ll exhibits at	tached hereto are true and binding to	
(Signature of Applicant)		(Date)		
The act of applying to the Conservation Corgrants permission to the Conservation Comfor the purpose of resource inventory, impated the application filing, and extending through the purpose of compliance control.	nission/Department and ct analysis, and compliar	its agents to ice investiga	o inspect the property herein described tion at any time beginning on the date	
see attached letter of	authority			
(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 submit the information referenced in the attached schedule(s) by 4:00 p.m. on theday 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)					