



APPLICATION # \_\_\_\_\_

**Easton Conservation Commission Inland Wetlands Agency**

125 Center Rd.

Easton, CT 06612

Phone #203 268 6291, Fax #203 268 4928

This application is for permission to conduct regulated activities in accordance with the Inland Wetlands and Watercourses Regulations of the Town of Easton.

GEOGRAPHICAL LOCATION OF PROPERTY \_\_\_\_\_

ASSESSOR'S MAP # \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT# \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_

NAME OF PROPERTY OWNER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_

FROM TOWN LAND RECORDS, OWNERSHIP OF PROPERTY BY VOLUME: \_\_\_\_\_ PAGE \_\_\_\_\_

1. EXISTING CONDITIONS (Describe existing property structures.)

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

2. PROJECT DESCRIPTION (Describe EACH proposed activity.)

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

3. Purpose of the proposed activity (e.g., addition to existing dwelling, improving wildlife habitat, industrial construction, etc.)

\_\_\_\_\_

4. Wetland/watercourse area altered:

Wetlands: \_\_\_\_\_ acres

Open water body: \_\_\_\_\_ acres

Stream: \_\_\_\_\_ linear feet

Upland area altered: \_\_\_\_\_ acres

Area of wetlands &/or watercourses restored, enhanced or created: \_\_\_\_\_ acres

5. What alternatives to the proposed regulated activity did you consider?

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

6. If this permit application is approved, how much time do you feel you will need to complete the proposed activity, from date of approval?

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

In conformance with Section 10-2 of the Inland Wetland Regulations, the Agency is obligated to consider, and will require your review of, the factors related to your proposal:

- The alternatives to the proposed action
- The environmental impact of the proposed action
- The relationship between your short-term use of the environment and the maintenance and enhancement of long-term productivity for the Town of Easton
- Irreversible and irretrievable commitments of resources
- Character and degree of injury to safety, health or the use of property
- Suitability of the activity to the area
- Measures that would mitigate the impact

Additional approvals for your proposal may be required from the Easton Town Planning and Zoning Commission, the State Department of Environmental Protection, and the United States Army Corp of Engineers. If so, you are encouraged to seek their guidance at your earliest opportunity.

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**Additional Requirements:**

A. Attach a signed, witnessed consent to the proposed activity by the owner, if the applicant is not the property owner.

B. Attach six (6) plans showing location of proposed activity on property; location of existing and proposed structures; graphic scale; contour intervals; an erosion and sediment control plan; North arrow; title; date and signature on this and all subsequent plans. Please delineate on these site plans the 100-foot (200-foot from large pond or watercourse) setback.

C. If a Public Hearing is required then you are to provide names and mailing addresses (including zip codes) of adjacent property owners of record, including those on opposite sides of public rights-of-way. Correlate with Assessor's Map and parcel numbers.

D. Attach three (3) completed copies of this application.

E. The Statewide Inland Wetlands & Watercourses Activity Reporting Form-Part II, which is attached, must be completed by the applicant and will be considered part of this application.

The undersigned applicant understands that this application is to be considered complete only when all information and documents required by the Agency have been submitted.

The undersigned applicant hereby consents to necessary and proper inspection of the above mentioned property by agents of the Agency, at reasonable times, both before and after any permit in question has been granted by the Agency.

The undersigned warrants the truth of all statements contained herein and in all supporting documents according to the best of the applicant's knowledge and belief.

\_\_\_\_\_  
Type or print name of applicant Date

\_\_\_\_\_  
Signature of applicant Date

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**FOR OFFICE USE ONLY**

**Application #** \_\_\_\_\_

**Date received in office** \_\_\_\_\_ **Amount paid: \$** \_\_\_\_\_

**Received by Commission** \_\_\_\_\_ **+ 65 days =** \_\_\_\_\_  
Date Deadline Date

**Action taken:** \_\_\_\_\_