

APPLICATION # 21-598

## 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 # $3775$ BLOCK $26$ LOT# $10$  |
| NAME OF APPLICANT: Abby Pullo   |
| HOME ADDRESS: 15 HICKORY KNOW DRIVE   |
| BUSINESS ADDRESS:   |
| HOME PHONE # BUSINESS PHONE #  |
| NAME OF PROPERTY OWNER: Abby PULLO APULLO ESPCT.CO HOME ADDRESS: 5 HICKORY KNOW DRIVE   |
| HOME ADDRESS: 15 HICKORD KNOW DRIVE   |
| BUSINESS ADDRESS:   |
| HOME PHONE # BUSINESS PHONE # |
| FROM TOWN LAND RECORDS, OWNERSHIP OF PROPERTY BY VOLUME:PAGE  |
| 1. EXISTING CONDITIONS (Describe existing property structures.)  Single Family 4 Bed 3.5 Bath 3 Car   |
| garage  |
| 2. PROJECT DESCRIPTION (Describe <u>EACH</u> proposed activity.)  |
| adding a detached garage 310' x 310' 1'2  |
| Story garage.   |
|   |
|   |
|   |

| <ol><li>Purpose of the proposed activity (e.g., addition to exist construction, etc.)</li></ol>  | ting dwelling, improving wildlife habitat, industrial  |  |  |
|--|--|--|--|
| need extra storage space   | e fer cars outdoor equipment, fun  |  |  |
| 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 of   | or created: acres  |  |  |
| 5. What alternatives to the proposed regulated activity di   | d you consider?  |  |  |
|  |  |  |  |
|  |  |  |  |
| 6. If this permit application is approved, how much time date of approval?  10-8 months depending  | do you feel you will need to complete the proposed activity, from on found fife ung  |  |  |
| 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 env productivity for the Town of Easton  -Irreversible and irretrievable commitments of resources  -Character and degree of injury to safety, health or the us  -Suitability of the activity to the area  -Measures that would mitigate the impact | se of property   |  |  |
| 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.   |  |  |  |
| Additional Requirements:   |  |  |  |
| A. Attach a signed, witnessed consent to if the applicant is not the property owner  |  |  |  |
| B. Attach six (6) plans showing location location of existing and proposed structure erosion and sediment control plan; North and all subsequent plans. Please delinear foot from large pond or watercourse) set   | res; graphic scale; contour intervals; an arrow; title; date and signature on this te on these site plans the 100-foot (200- |  |  |

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- C. <u>If a Public Hearing is required then you are to provide names and mailing addresses</u> (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 <u>Statewide Inland Wetlands & Watercourses Activity Reporting Form-Part II</u>, 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  Signature of applicant                   | $\frac{917/21}{917/21}$ Date                      |
|---|---|
| Application # 21-598  |   |
| Date received in office 9 22  Received by Commission 9 28 202 + 65 days = | Amount paid: \$ 125, 00   12 2 202; Deadline Date |
| Action taken:   | REVISED 2006                                      |