



APPLICATION # _____

INLAND WETLANDS PERMIT APPLICATION

**Easton Conservation Commission Inland Wetlands Agency
225 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 62 BAYBERRY LANE

ASSESSOR'S MAP # 3773A38B BLOCK _____ LOT# _____

NAME OF APPLICANT: JANET WEINSTOCK

HOME ADDRESS: 62 BAYBERRY LANE, EASTON

BUSINESS ADDRESS: SAME

HOME PHONE # - BUSINESS # - CELL # 646.942.1874

PREFERRED CONTACT: Home Business Cell

NAME OF PROPERTY OWNER: SAME

HOME ADDRESS: SAME

BUSINESS ADDRESS: ||

HOME PHONE # _____ BUSINESS # _____ CELL # SAME

TOWN LAND RECORDS, OWNERSHIP OF PROPERTY: VOLUME: _____ PAGE: _____

I. EXISTING CONDITIONS (Describe existing property structures.)

TWO STORY WOOD FRAMED HOME &

WOODED FRAMED DECK

2. PROJECT DESCRIPTION (Describe EACH proposed activity.)

ADD 2 STORY WOOD FRAMED ADDITION THAT INCLUDES GARAGE @ GRADE LEVEL, GUEST SUITE, LAUNDRY & EXTENDED KITCHEN, NEW MASTER BATH & DRESSING ROOM, EXTEND DRIVEWAY, RELOCATE GENERATOR

3. PURPOSE OF PROPOSED ACTIVITY (e.g. addition to existing dwelling, improving wildlife habitat, industrial construction, etc.)

ADDITION TO DWELLING

4. WETLAND/WATERCOURSE AREA ALTERED

Wetlands: 0 acres Open water body: 0 acres
Stream: 0 linear feet Upland area altered: 0 acres
Area of wetlands &/or watercourses restored, enhanced or created: 0 acres

5. WHAT ALTERNATIVES TO THE PROPOSED REGULATED ACTIVITY HAVE YOU CONSIDERED?

THE ADDITION NEEDED TO BE WHERE SHOWN BASED UPON GARAGE & HOME ACCESS

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

5 months

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 on the area

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

Additional Requirements:

1. Attach a signed, witnessed consent to the proposed activity by the owner, (If the applicant is not the property owner).

2. Attach six (6) plans showing location of proposed activity on property, showing, 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.

3. 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.

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

5. IF YOUR PROPERTY IS IN THE WATERSHED AREA, you **MUST** notify **(A) Aquarion Water Company AND (B) the Commissioner of Public Health**. Per Connecticut General Statutes Section 22a-42f, an applicant for a permit to conduct a Regulated Activity must notify the local water company if the site of the project is within the watershed of the water company. In conjunction with your application to the Inland Wetlands Agency, we are obligated to notify you (under Substitute Senate Bill No. 313, Public Act No. 06-53, Section 22a-42f) of your responsibility to provide written notice of the application to both the Aquarion Water Company AND the Commissioner of Public Health (link to fillable form below).

YES PER PAUL @ AQUARION

(A) The required notice to Aquarion Water Company (i.e. a copy of the submitted map and the completed Inland Wetland Permit application) should be sent within 7 days of submitting your application by certified mail, return receipt requested to:

Aquarion Water Company
714 Black Rock Road
Easton, CT 06612-1146

(B) The required notice to the Commissioner of Public Health should be emailed to dph.swmail@ct.gov within 7 days of submitting your application on the fillable form (Watershed or Aquifer Area Project Notification Form) located online at: https://portal.ct.gov//media/DepartmentsandAgencies/DPH/dph/drinking_water/pdf/WatershedorAquiferAreaProjectNotificationFormpdf.pdf?la=en

C.G.S 22a-42f https://www.cga.ct.gov/current/pub/chap_440.htm#sec_22a-42f

The maps mentioned in the statute have been filed as #1165 and #1166 and are available in both the

Town Clerk office and the Conservation office.

F.D. 6. Attach one copy of the Statewide Inland Wetlands & Watercourses Activity Reporting Form-Part II (BLUE). https://www.ct.gov/deep/lib/deep/water_inland/wetlands/siwwarf.pdf Applicant must complete the section that will be considered part of this application.

7. Attend a Conservation Commission meeting when this application is on the Agenda. Please see Meeting Schedule link on left of page <https://www.eastonct.gov/conservation-commissioninland-wetlands-agency>.

The undersigned applicant and/or owner understand(s) that this application is to be considered complete only when all information and documents required by the Agency have been submitted.

The undersigned applicant and/or owner 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.

I declare under penalty of perjury that the foregoing is true and correct.

MICHAEL LOBUGLIO
Type or print name of applicant

Michael J. Lobuglio
Signature of applicant

4/22/21
Date

JANET WEINSTOCK ISA
Type or print name of owner

Janet W Isa
Signature of owner

4/22/21
Date

FOR OFFICE USE ONLY

Application # _____

Date received in office: _____ Amount Paid: \$ _____

Received by Commission: _____ + 65 days = _____
Date Deadline Date

Action taken: _____