Town of Montville Inland Wetlands Application

I. Applicant Information



APPLICANT INSTRUCTIONS: All applicants must complete this application form. The Commission will notify the applicant of any additional information that may be required and will schedule a Public Hearing if necessary. In addition to the information required, the applicant may submit other supporting facts or documents which may assist the Commission in its evaluation of this proposal. PLEASE SUBMIT NINE COPIES OF THE APPLICATION AND NINE COPIES OF ANY OTHER DOCUMENTS AT LEAST <u>FIVE BUSINESS DAYS</u> PRIOR TO THE MEETING.

| Name REAGON Construction Goup |
|--|
| Address 42 Ros Plain Rd waterfaul C+ 06320 |
| T 1 2 3 6 7 5 6 1 4 |
| Fax# Email Oct McAnegny @ ameil (com |
| Fax # Email Det, McAneany @ gmail 100 m |
| Interest in Property □ Owner □ Option Holder □ Developer □ Harvester 🗹 Other |
| Attach a Written Consent to the proposed activity from the owner if applicant is |
| not the owner □ Required □ Not Required |
| |
| II. Owner Information |
| Name Dun Partsig A Address 34 Cours Doint Rel CALDOLO CT |
| Tel# 760 911 8057 Cell# |
| Name Dun Putsig A Address 34 Laurel Point Rel Office Ct Tel # 860 912 4057 Cell # Email of 2703730 gmail com |
| |
| III. Engineer Information Contact 10/14 |
| FirmAddress |
| Tel #Cell # |
| Fax # Email_ |
| |
| IV. Attorney Information Contact |
| FirmAddress |
| Tel #Cell # |
| Fax #Email |
| V. Property Information |
| Address of Proposed Activity 34 Lave (Point Rd OAK Dale Ct. |
| Assessor's Map and Lot Number /05/006/000 |
| Land Records / Deed Volume: Page: Obso/127 Acreage of Property ///3 OO |
| Zoning R-80 0650/0127 |
| Provide a List of the Names and Mailing Addresses of Adjacent Property Owners (Attach Sheet) |

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| VI. Wetlands and Watercourse Information | | | | | | |
|--|--|--|--|--|--|--|
| Total Acreage of Wetlands on the site N/A acres | | | | | | |
| Wetland Disturbance Areasq ft | | | | | | |
| Upland Review Disturbance Areasq ft | | | | | | |
| Have the Wetlands Been Flagged | | | | | | |
| Name of Soil Scientist N/A | | | | | | |
| Linear Feet of Watercourse Disturbance 1/A ft | | | | | | |
| Creation of New Wetlands sq ft | | | | | | |
| VII. Project Description | | | | | | |
| ☐ Subdivision ☐ Review No Regulated Activity ☐ Permit Modification | | | | | | |
| ☐ Regulated Activity ☐ Permitted Use as of Right ☐ Permit Renewal | | | | | | |
| Activity will involve (Check all that apply) | | | | | | |
| ✓ Alteration □ Construction □ Pollution □ Stormwater Discharge | | | | | | |
| ☐ Deposition of Material cubic yards | | | | | | |
| Removal of Material cubic yards | | | | | | |
| See attached checklist of items that are to be included on Plan and supplemental data. | | | | | | |
| A) Attach a Detailed Plan of the Proposal and indicate Plan Title and Date. | | | | | | |
| Pa 6/6 Zowing Page | | | | | | |
| | | | | | | |
| B) Provide Brief Description of the Proposed Project on separate piece of paper. Instructions attached. | | | | | | |
| C) List Titles and dates of all documentation which will be included and submitted with this application | | | | | | |
| and attach to application. Documents should include, but are not limited to; Project Proposal, Soil | | | | | | |
| Scientist Reports, and Drainage Calculations. | | | | | | |
| VIII. Other Information | | | | | | |
| 1. Does the application involve an activity in a regulated area that is within 500 ft of another | | | | | | |
| municipality? | | | | | | |
| □Yes ✓No | | | | | | |
| - If YES, then a copy of the application and all material is to be submitted to said Town and a | | | | | | |
| copy of the transmittal form is to be provided to the Commission. | | | | | | |
| 2. Is the property located within a Flood Hazard Area? □Yes ✓No | | | | | | |
| -If YES, then please provide additional material showing the location of the area. | | | | | | |
| 3. Is the regulated activity within a Public Water Supply Aquifer or Watershed? □Yes □No | | | | | | |
| - If YES, then a copy of the application and all material is to be submitted to the State Department | | | | | | |
| of Health as well as the appropriate Water Company. See attached instructions for the | | | | | | |
| Notification Process for the State Health Department. A copy of the transmittal forms shall be | | | | | | |
| provided to the Commission. | | | | | | |

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| 4. Does the application require approval from Uncas Health District? □Yes ☑No - If YES, then a copy of the approval is to be provided to the Commission. | | | | | | |
|---|----------------------|-------------------|------------------|-----------------|--|--|
| 5. Does the application require approval from the Public Works Dept? Yes No | | | | | | |
| - If YES, then a copy of the approval is to be provided to the Commission. | | | | | | |
| 6. Does the application require approval from the Town of Montville WPCA? □Yes □No - If YES, then a copy of the approval is to be provided to the Commission. | | | | | | |
| 7. Does the application require permits from the following agencies? | | | | | | |
| Army Corps of Engineers Department of Environmental Protection Department of Transportation | □Yes □Yes □Yes | ØNo ØNo ØNo | Date _ Date _ | bmission Info | | |
| - If YES, then a copy of the application and all material is to be submitted to said Agency and a copy of the transmittal form is to be provided to the Commission. | | | | | | |
| 8. Does this permit require a State Water Diversion Per | rmit? | □Yes | ⊠No | | | |
| 9. Does this permit require a State Dam Permit? | | □Yes | ØNo | | | |
| 10. Is this property subject to a Conservation Restriction and/or a Preservation Restriction? | | | | | | |
| -If YES, attach a copy of certified notice. | | □Yes | ⊠No | | | |
| 11. If the application is a renewal or modification of an approval included in the documentation package? | existing | permit, : □Yes | | of the original | | |
| The undersigned applicant hereby consents to necessary and proper inspections of the above mentioned property by agents of the Montville Inland Wetlands Commission at reasonable times, both before and after the permit in question has been granted by the Commission. | | | | | | |
| Name Daniel Patsigg | | Date_ | 10- | 24-33 | | |
| Name Date Patsig Date Date 10-34-33 Property Owner if other than Applicant Date 10-34-33 | | | | | | |

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