

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 FOURTEEN (14) COPIES OF THE APPLICATION AND FOURTEEN (14) COPIES OF ANY OTHER DOCUMENTS AT LEAST FIVE BUSINESS DAYS PRIOR TO THE MEETING.**

I. Applicant Information

Name Town of Montville
Address 310 Norwich-New London Tpke.
Tel # (860) 848-3030 Cell # _____
Fax # _____ Email _____

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 (See separate sheet) Address _____
Tel # _____ Cell # _____
Fax # _____ Email _____

III. Engineer Information

Contact Darren Hayward, P.E.
Firm CLA Engineers, Inc Address 317 Main Street, Norwich, CT 06360
Tel # (860) 886-1966 Cell # _____
Fax # _____ Email dhayward@claengineers.com

IV. Attorney Information

Contact _____
Firm _____ Address _____
Tel # _____ Cell # _____
Fax # _____ Email _____

V. Property Information

Address of Proposed Activity (See attached sheet)
Assessor's Map and Lot Number _____
Land Records /Deed Volume: _____ Page: _____ Acreage of Property _____
Zoning _____

Provide a List of the Names and Mailing Addresses of Adjacent Property Owners (Attach Sheet)

VI. Wetlands and Watercourse Information

Total Acreage of Wetlands on the site 0.09 acres
Wetland Disturbance Area 3,460 sq ft
Upland Review Disturbance Area 7,043 sq ft
Have the Wetlands Been Flagged ☒ Yes ☐ No Year 2024
Name of Soil Scientist Robert Russo C.S.S
Linear Feet of Watercourse Disturbance 140 ft
Creation of New Wetlands 0 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 127 cubic yards
☐ Removal of Material 62 cubic yards Net Fill = 65 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.

See Attached

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.

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?

			Submission Info
Army Corps of Engineers	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date	_____
Department of Environmental Protection	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date	_____
Department of Transportation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date	_____

- 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 Permit? ☐ Yes ☒ No

9. Does this permit require a State Dam Permit? ☐ Yes ☒ No

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 existing permit, is a copy of the original approval included in the documentation package? ☐ Yes ☒ No

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_____ Date_____

Property Owner if other than Applicant_____ Date_____

Town of Montville Inland Wetlands Application

Beechwood Road Culvert Replacement

PROPERTY OWNERS										
Parcel Number	GIS Number	Cama Number	Property Address	Owner Name	Co-Owner Name	Owner Address	Owner Address 2	Owner City	Owner State	Owner Zip
081-050-000	081-050-000	081-050-000	62 BEECHWOOD ROAD	MCCARTHY THOMAS L		62 BEECHWOOD ROAD		OAKDALE	CT	6370
081-051-000	081-051-000	081-051-000	66 BEECHWOOD RD	ZIZIK JOSEPH M & ROBERTA		66 BEECHWOOD RD		OAKDALE	CT	06370

PROPERTY ABUTTERS										
081-019-000	081-019-000	081-019-000	WOODCHUCK RD	OAKDALE HEIGHTS ASSOC INC		PO BOX 144		OAKDALE	CT	063700144
081-020-000	081-020-000	081-020-000	59 LAUREL DR	BROWN JENNIFER L		59 LAUREL DR		OAKDALE	CT	06370
081-021-000	081-021-000	081-021-000	55 LAUREL DR	STEVENS BROOKE D		55 LAUREL DR		OAKDALE	CT	063701727
081-049-000	081-049-000	081-049-000	58 BEECHWOOD RD	RUSS MATTHEW R		58 BEECHWOOD RD		OAKDALE	CT	06370
081-052-000	081-052-000	081-052-000	70 BEECHWOOD RD	BARNES PAUL DAVID		70 BEECHWOOD RD		OAKDALE	CT	06370
081-067-000	081-067-000	081-067-000	67 BEECHWOOD RD	GLYNN EDMUND & FRANCES R		67 BEECHWOOD RD		OAKDALE	CT	06370
081-068-000	081-068-000	081-068-000	63 BEECHWOOD RD	ROTHHOLZ MICHAEL FRANCIS & REBECCA LYNN		63 BEECHWOOD RD		OAKDALE	CT	06370
081-069-000	081-069-000	081-069-000	59 BEECHWOOD RD	SHEFLOTT PATRICIA P		59 BEECHWOOD RD		OAKDALE	CT	063700279
081-070-000	081-070-000	081-070-000	55 BEECHWOOD RD	MURPHY MICHAEL J & DEBRA K		55 BEECHWOOD RD		OAKDALE	CT	06370