



**SUBMIT TO:**  
Westport Conservation Department  
Town Hall – Room 205  
110 Myrtle Avenue  
Westport, CT 06880  
Phone: 203-341-1170  
Fax: 203-341-1088

|                               |  |
|-------------------------------|--|
| <b>FOR OFFICE USE ONLY</b>    |  |
| File#:                        | _____                                  |
| Date Filed:                   | _____                                  |
| Class:                        | _____                                  |
| Fee: \$                       | _____                                  |
| Date Rec'd:                   | _____                                  |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Check # _____ |
| Final Inspection              | Y / N                                  |
| As-Built Required             | Y / N                                  |

## APPLICATION WESTPORT CONSERVATION DEPARTMENT

PROJECT LOCATION: \_\_\_\_\_

ASSESSOR'S MAP #: \_\_\_\_\_ TAX LOT # \_\_\_\_\_ WETLAND MAP #: \_\_\_\_\_

|                    |               |       |
|--------------------|---------------|-------|
| APPLICANT OR AGENT |               | OWNER |
| _____              | NAME          | _____ |
| _____              | ADDRESS       | _____ |
| _____              |               | _____ |
| _____              | (H) PHONE (H) | _____ |
| _____              | (W) PHONE (W) | _____ |

EXISTING CONDITIONS (Describe existing property and structures): \_\_\_\_\_

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

PROJECT DESCRIPTION/PURPOSE (Describe the proposed activity): \_\_\_\_\_

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

I hereby depose and say that all statements contained herein and all exhibits attached hereto are true and binding to the best of my knowledge:

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

The act of applying to the Conservation Commission and/or Department implies consent to the proposed activity, and grants permission to the Conservation Commission/Department and its agents to inspect the property herein described for the purpose of resource inventory, impact analysis, and compliance investigation at any time beginning on the date of the application filing, and extending through the pendency of any permit issued, or in the event of permit denial, for the purpose of compliance control.

\_\_\_\_\_  
(Signature of Property Owner)

\_\_\_\_\_  
(Date)

**FOR DEPARTMENT USE ONLY**

**1. DEPARTMENT FINDINGS:**

After preliminary review by department staff, the following areas, resources and levels of environmental licensure have been identified:

- Wetland(s) / Watercourse(s), section: \_\_\_\_\_  
 Non-regulated Activity       Permit Required       FEE \$ \_\_\_\_\_
- Wetland / Watercourse Setback(s), section: \_\_\_\_\_  
 Non-regulated Activity       Permit Required       FEE \$ \_\_\_\_\_
- Waterway Protection Line(s), section: \_\_\_\_\_  
 Non-regulated Activity       Permit Required       FEE \$ \_\_\_\_\_
- Aquifer, section: \_\_\_\_\_  
 Non-regulated Activity       Permit Required       FEE \$ \_\_\_\_\_
- Other: \_\_\_\_\_  
 Non-regulated Activity       Permit Required       FEE \$ \_\_\_\_\_

**CONSERVATION CERTIFICATE OF COMPLIANCE FEE \$ \_\_\_\_\_**  
**STATE FEE \$ \_\_\_\_\_**  
**NOTICE FEE \$ \_\_\_\_\_**  
**TOTAL FEE DUE \$ \_\_\_\_\_**

The application has been classified as requiring the following ruling:

- DECLARATORY       SUMMARY       PLENARY

Public Hearing of the application by the Conservation Commission:     is not required.  
 is scheduled for \_\_\_\_\_.

Westport/Weston Health District Approval: \_\_\_\_\_      Public Sewer: Yes / No

Engineering Dept. review required: Yes/No      Date Approved \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. REQUEST FOR ADDITIONAL INFORMATION:**

Please submit the information referenced in the attached schedule(s) by 4:00 p.m. on the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

Schedule(s):  A     B     C     D     E     F     G

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3. RESTRICTION, CONDITIONS AND LIMITATIONS:**

This review is valid for a period of six (6) months from the date of review, shown below, and is subject to the following data/plan(s)/stipulation(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reviewed by: \_\_\_\_\_ (Conservation Department Staff Signature)      \_\_\_\_\_ (Date)