



**TOWN OF WESTPORT  
CONSERVATION DEPARTMENT**

TOWN HALL – 110 MYRTLE AVENUE  
WESTPORT, CT 06880  
P 203.341.1170 F 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 # \_\_\_\_\_ ZONING DISTRICT \_\_\_\_\_

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

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 \$** \_\_\_\_\_
- Staff Site Inspection for Determination of Wetland Boundary  
 Administrative Review    Conservation Commission Review      **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:

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**2. REQUEST FOR ADDITIONAL INFORMATION:**

Please submit the information referenced in the attached schedule(s) by 4:00 p.m. on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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):

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