



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

FOR OFFICE USE ONLY	
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 \$ _____
- 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)