

**City of Stamford
Environmental Protection Board
888 Washington Boulevard
Stamford, CT 06904
(203) 977-4028**

APPLICATION FOR A PERMIT TO CONDUCT REGULATED ACTIVITIES

1. APPLICANT

Name of Applicant: _____

Home Address: _____

Telephone: _____ Email address: _____

Business Address: _____

Business Phone: _____

Title of Project (if applicable): _____

Applicant's Interest in the Property (check where appropriate)

Owner: Agent: Lessee: Lessor: Other: _____
(Specify)

2. OWNER

Name of Subject Property Owner: _____

Home Address: _____

Telephone: _____ Email address: _____

Business Address: _____

Business Phone: _____

If the applicant is not the owner of record, the owner must provide signed correspondence authorizing the applicant to file this application to conduct regulated activities.

3. LOCATION / DESCRIPTION

a) Address of the subject property: _____

b) Geographical location in sufficient detail to allow identification of the subject property on the "Inland Wetlands and Watercourses Map"
(include orientation sketch)

Lot Number: _____	List Number: _____
Subdivision #: _____	T-Map Number: _____
Total Acreage: _____	Assessor's Card #: _____
Zone: _____	Block Number: _____

c) Is the property located within 500 feet of a municipal boundary?
Yes: ___ (See Instructions Section III "Special Notification") No: ___

d) Is the property located within a drinking water supply watershed?
Yes: ___ (See Instructions Section III "Special Notification") No: ___

e) The property is serviced by (check where appropriate)
Septic system: ___ Sewer: ___ / Private well: ___ Municipal water: ___

4. REGULATED ACTIVITIES

a) License is sought to conduct the following regulated activities
(check where appropriate)

Alteration: ___ Deposition: ___ Construction: ___ Removal: ___

Pollution: ___ Obstruction: ___ Other (Specify): _____

b) The proposed activities will affect the following (check where appropriate)

Wetland soils: ___ Watercourse: ___ Open water: ___

Upland Review Area (URA)¹: ___

Floodplain: ___ Other (Specify): _____

¹ The Upland Review Area in non-drinking water supply watersheds is 50 feet from the edge of wetlands and watercourses. The Upland Review Area in the drinking water supply watersheds of the Mianus and upper Rippowam Rivers is 75 feet from the edge of wetlands and 100 feet from watercourses.

c) Purpose and brief description of the activities for which authorization is requested:

d) Existing Conditions – Area Totals of Entire Property

- i) Square feet of Wetlands: _____
- ii) Linear feet of Watercourse: _____
- iii) Square feet of Open water: _____
- iv) Square feet of URA: _____
- v) Square feet of Floodplain: _____

e) Proposed Conditions – Total Area Affected

- i) Square feet of Wetlands affected: _____
- ii) Linear feet of Watercourses affected: _____
- iii) Square feet of Open water affected: _____
- iv) Square feet of URA affected: _____
- v) Square feet of Floodplain affected: _____
- vi) Square feet of Wetlands created: _____

5. STANDARD NOTIFICATION REQUIREMENT

Names and addresses of individuals notified of this pending application as required by “The Inland Wetlands and Watercourses Regulations of the City of Stamford” *(See Instructions Section II for details)*

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Attach additional sheets if necessary)

GENERAL CONDITIONS

The undersigned applicant understands that this application is to be considered complete when all information and documents required by the agency have been submitted.

The agency may request additional information to properly evaluate the proposed activities pursuant to Section 7 of the “Inland Wetlands and Watercourses Regulations of the City of Stamford.” The applicant will be notified in writing of any further information required or when the application is deemed complete.

The undersigned warrants the truth of all statements contained herein and in all supporting documents according to the best of his/her knowledge.

The undersigned applicant hereby consents to necessary and proper inspections of the above property by authorized agents of the EPB.

Written signature _____

Printed name _____

Date _____