	Office Use Only Fee Paid *270 (2 Mgs) Public Hearing: YES NO	_Date Approved_ Agent Approval: YES	Permit Number	1W-19-041 - 6+23A 1W-19-042 Lot 23-1
Phone I Home A Busines * All app	INLAND  9   12   25   9  ne of Applicant*	Business To To Tonone numbers. If the appli	ERCOURSES AGENCY  2-3 - 8-7 - 24-9 Ce  own 6 HAND TON Sta  own Sta  icant is a Limited Liability Co	ell 203-887-2419  te/Zip orporation or a Corporation,
Address As the I hereb times,	s: Street 41 Sm (7) ST legal owner of the propert by authorize the members during the pendency of the	Town_ y listed on this applica and agents of the Age	tion I hereby consent to ency to inspect the sub e life of the permit.	
3. Provide the applicant's interest in the land.  4. Site Location and Description: Assessor's Map 7, Block 52, Lot 23 - 23 Address: Street 10 Your State/Zip 7 Town State/Zip 23 Address: Street 10 Your State/Zip 23 Address: Street 10 Your State/Zip 23 Address: Street 10 Your State/Zip 23 Address: Map 7 Your State/Zip 23 Address: Street 10 Your State/Zip 23 Address: Map 7 Your State/Zip 23 Address: Street 10 Your State/Zip 23 Address: Map 7 Your State/Zip 23 Address: Street 10 Your State/Zip 24 Your State/Zip				
Area of Area of Area of Will fill k	Wetland to be disturbed: Watercourse to be disturbed Upland Review Area to be of TOTAL AREA OF DISTURE DE needed on site? Yes N Operty contains (circle one or	disturbed:  BANCE  If yes, how more)	acres or sq. ft. uch fill is needed?	
Descrip Descrip Name o		soil wetland survey: <mark>Ջւշիձ</mark> ւշ	types on	site: vegetation:
5.) Attaction of the surveyo pictures 6. Pro environment was check the surveyo pictures check the surveyo pictures convironment of the surveyo environment of the surveyor env	ch a written narrative of the ntation controls, best manage on of issuing a permit for the event or minimize pollution mental quality, or (3) in the ourse resources. Depending ons, drainage computations showing the drainage area notional assessment, soils or, and licensed professions that clearly show the existing vide information of all alternated impact to wetlands of seen. All such alternatives seen.	purpose and description gement practices, and no proposed regulated action or other environment following order of prioriting on the complexity of with pre and post consist corresponding to the report, construction plant all engineer. Include a region of all areas properties considered. Liber watercourses and states	nitigation measures which vity including but not limite ntal damage, (2) maint y: restore, enhance or cref the project, include the nstruction runoff quantitie drainage computations, cans signed by a certific construction schedule, in to be disturbed and/or clest all alternatives which te why the alternative as	n may be considered as a red to; measures to: rain or enhance existing reate productive wetland or red following: sequence of res and runoff rates, plans existing wetland inventory red soils scientist, licensed repacts to vegetation, and reared of vegetation.
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7. Attach a site plan showing the proposed activity and existing and proposed conditions in relation to wetlands and watercourses and identifying any further activities associated with, or reasonably related to, the proposed regulated activity which are made inevitable by the proposed regulated activity and which may have an impact on wetlands or watercourses. Include a colored grading plan showing areas to be filled (green) and areas to be excavated (brown) that clearly shows existing and proposed contours and proposed limits of disturbance.				
8. Attach the names and mailing addresses of adjacent landowners. Attach additional sheets if necessary.  Name CLARCO PANGRETIC Address #12 CARRINGE DR. E.H., CT.  Name THEODORE KROCH Address  Address  Address				
9. Attach a completed DEEP reporting form. The Agency shall revise or correct the information provided by the applicant and submit the form to the Commissioner of Environmental Protection in accordance with section 22a-39-14 of the Regulations of Connecticut State Agencies.				
10. Attach the appropriate filing fee based on the fee schedule in Section 19 of the regulations.  Fee: _ (Make check payable to "The Town of East Hampton")				
11. Name of Erosion Control Agent (Person Responsible for Compliance):				
12. Are you aware of any wetland violations (past or present) on this property? YES NO				
13. Are you aware of any vernal pools located on or adjacent (within 500')to the property? YES NO				
14. For projects that do not fall under the ACOE Category 1 general permit – Have you contacted the Army Corps of Engineers? YES NO				
15. Is this project within a public water supply aquifer protection area or a public water supply watershed area? YES NO  If so, have you notified the Commissioner of the Connecticut Department of Public Health and the East Hampton WPCA? YES NO  (Proof of notification must be submitted with your application.)				
16. PUBLIC HEARINGS ONLY. The applicant must provide proof of mailing notices to the abutters prior to the hearing date.				
17. As the applicant I am familiar with all the information provided in the application and I am aware of the penalties for obtaining a permit through deception or through inaccurate or misleading information.  Printed name:				
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Attach plans showing all alternatives considered.