



**Office Use Only**

Date Accepted: \_\_\_\_\_

Accepted By: CC

INLAND WETLANDS & WATERCOURSES AGENCY

TOWN OF EAST HAMPTON

RECEIVED  
NOV 25 2020  
TIME \_\_\_\_\_

## Minimum Requirements for Submission of Application to Inland Wetlands and Watercourses Agency

*This form must be submitted with your application*

**Please check all that are being submitted:**

- Completed Application Form (3 Pages)
- Fee Paid
- Site Plan (Showing project location, extent of wetlands, dimensions, etc) – 10 Copies
- Project Narrative – 10 Copies
- Soils Report (As Required)
- Stormwater Report (As Required)
- State Reporting Form (Filled in to extent possible)
- Completed Application Checklist (Page 3 of Application)
- Schedule a Site Visit with Planning & Zoning Official at time of Application

11/25/20:

Note: Applicant will revise narrative + site plan + email to me. — DONE

*I certify that this application is complete:*

Signature of Applicant: J. Whelan Date: 11/25/20

The Agency reserves the right to add additional requirements in accordance with the Regulations.

**Only Complete Application Packages Will Be Accepted**

Office Use Only  
 Fee Paid \$135.00 CK# 2568 Date Approved \_\_\_\_\_ Permit Number IW-20-034  
 Public Hearing: YES NO Agent Approval: YES NO

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 TIME \_\_\_\_\_

TOWN OF EAST HAMPTON  
 INLAND WETLANDS & WATERCOURSES AGENCY

Date: 11/25/20

1. Name of Applicant\* John Uliano  
 Phone Numbers: Home 860-324-8692, Business 860-324-8692, Cell 860-324-8692  
 Home Address: Street 29 Pocotopaul Dr Town East Hampton State/Zip CT/06424  
 Business Address: Street \_\_\_\_\_ Town \_\_\_\_\_ State/Zip \_\_\_\_\_

\* All applications MUST list contact phone numbers. If the applicant is a Limited Liability Corporation or a Corporation, provide the managing member's or responsible corporate officer's name, address, and telephone number.

2. Name of Property Owner (if different from Applicant): \_\_\_\_\_ Phone \_\_\_\_\_  
 Address: Street \_\_\_\_\_ Town \_\_\_\_\_ State/Zip \_\_\_\_\_

**As the legal owner of the property listed on this application I hereby consent to the proposed activities. I hereby authorize the members and agents of the Agency to inspect the subject land, at reasonable times, during the pendency of the application and for the life of the permit.**

Printed Name: John Uliano, Signature: [Signature], Date: 11/24/20

3. Provide the applicant's interest in the land. OWNER

4. Site Location and Description: Assessor's Map \_\_\_\_\_, Block \_\_\_\_\_, Lot \_\_\_\_\_  
 Address: Street 29 Pocotopaul Dr Town East Hampton State/Zip CT/06424

Note: It is the applicant's responsibility to provide the correct site address, map, block, and lot number for the legal notice. Provide a description of the land in sufficient detail to allow identification of the inland wetlands and watercourses, the area(s) (in acres or square feet) of wetlands or watercourses to be disturbed, soil type(s), and wetland vegetation.

Area of Wetland to be disturbed: 0 acres or sq. ft.  
 Area of Watercourse to be disturbed: 0 acres or sq. ft.  
 Area of Upland Review Area to be disturbed: 2263 sq ft acres or sq. ft. (Area within 100' of wetland)  
**TOTAL AREA OF DISTURBANCE** 2263 sq ft acres or sq. ft.

Will fill be needed on site? Yes  No  If yes, how much fill is needed? \_\_\_\_\_ cubic yards

The property contains (circle one or more)  
 WETLANDS, BROOK, RIVER, INTERMITTANT STREAM, VERNAL POOL, SWAMP, OTHER \_\_\_\_\_

Description of soil types on site: \_\_\_\_\_

Description of wetland vegetation: \_\_\_\_\_

Name of Soil Scientist and date of survey: \_\_\_\_\_

5. Attach a written narrative of the purpose and description of the proposed activity and proposed erosion and sedimentation controls, best management practices, and mitigation measures which may be considered as a condition of issuing a permit for the proposed regulated activity including but not limited to; measures to:

(1) prevent or minimize pollution or other environmental damage, (2) maintain or enhance existing environmental quality, or (3) in the following order of priority: restore, enhance or create productive wetland or watercourse resources. Depending on the complexity of the project, include the following: sequence of operations, drainage computations with pre and post construction runoff quantities and runoff rates, plans clearly showing the drainage areas corresponding to the drainage computations, existing wetland inventory and functional assessment, soils report, construction plans signed by a certified soils scientist, licensed surveyor, and licensed professional engineer. Include a construction schedule, impacts to vegetation, and pictures that clearly show the existing conditions of all areas to be disturbed and/or cleared of vegetation.

6. Provide information of all alternatives considered. List all alternatives which would cause less or no environmental impact to wetlands or watercourses and state why the alternative as set forth in the application was chosen. All such alternatives shall be diagramed on a site plan or drawing.

Pool + 2 retaining walls

Attach plans showing all alternatives considered.

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 \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ 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): \_\_\_\_\_  
Phone Numbers: Home \_\_\_\_\_, Business \_\_\_\_\_, Cell \_\_\_\_\_  
Address: Street \_\_\_\_\_ Town \_\_\_\_\_ State/Zip \_\_\_\_\_

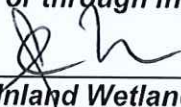
12. Are you aware of any wetland violations (past or present) on this property? YES  NO  
If yes, explain \_\_\_\_\_

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: JOHN WELAND, Signature: , Date: 11/25/20  
***Please Note: You or a representative must attend the Inland Wetlands meeting to present your application.***