

Office Use Only

Fee Paid _____ Date Approved _____ Permit Number IW-20-007
Public Hearing: YES NO Agent Approval: YES NO

TOWN OF EAST HAMPTON
INLAND WETLANDS & WATERCOURSES AGENCY

Date: 3/24/20

1. Name of Applicant* Town of East Hampton
Phone Numbers: Home _____, Business _____, Cell _____
Home Address: Street _____ Town _____ State/Zip _____
Business Address: Street 20 East High St Town E. Hampton State/Zip CT 06424

* 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: _____, Signature: _____, Date: _____

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

4. Site Location and Description: Assessor's Map 04A, Block 63B, Lot 20
Address: Street 60 N. Main St 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: 0.88 acres or sq. ft. (Area within 100' of wetland)
TOTAL AREA OF DISTURBANCE 0.88 acres or sq. ft.

Will fill be needed on site? Yes No If yes, how much fill is needed? 620 yds³ cubic yards

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

Description of soil types on site: _____

Description of wetland vegetation: _____

Name of Soil Scientist and date of survey: N/A

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.

Attach plans showing all alternatives considered.

*See Attached Plans
Sheets 1-7 of 7*

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 *See Attached List*
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: _____, Signature: _____, Date: _____

Please Note: You or a representative must attend the Inland Wetlands meeting to present your application.

Parcel ID	Owner 1	Owner Address	Owner City	Owner State	Owner Zip	Site Address
04A-45-27	CARR KEITH W + SUE ELLEN	69 NORTH MAIN ST	EAST HAMPTON	CT	6424 69	NORTH MAIN ST
04A-39A-W-4	DANGELO CAROLINE	59 NORTH MAIN ST	EAST HAMPTON	CT	6424 59	NORTH MAIN ST
04A-45-29A	DEFRANCESCO LINDA	61 NORTH MAIN ST	EAST HAMPTON	CT	6424 61	NORTH MAIN ST
04A-63B-20	EAST HAMPTON TOWN OF	20 EAST HIGH ST	EAST HAMPTON	CT	6424 60	NORTH MAIN ST
04A-63B-21-1A	EAST HAMPTON TOWN OF	20 EAST HIGH ST	EAST HAMPTON	CT	6424 62	NORTH MAIN ST
04A-63B-21-2A	EAST HAMPTON TOWN OF	20 EAST HIGH ST	EAST HAMPTON	CT	6424 66	NORTH MAIN ST
04A-63B-21-3A	EAST HAMPTON TOWN OF	20 EAST HIGH ST	EAST HAMPTON	CT	6424 68	NORTH MAIN ST
04A-63B-17	EAST HAMPTON TOWN OF	20 EAST HIGH ST	EAST HAMPTON	CT	6424	NORTH MAIN ST
04A-63B-16	EAST HAMPTON TOWN OF	20 EAST HIGH ST	EAST HAMPTON	CT	6424	SEARS LN
04A-63B-15	EASTMAN KERRY	113 WYLDWOOD RD	EASTON	CT	6612	3 SEARS LN
04A-45-28	GIUFFRIDA ELIZABETH A	65 NORTH MAIN ST	EAST HAMPTON	CT	6424	65 NORTH MAIN ST
04A-45-29B	NOE NYLENE	63 NORTH MAIN ST	EAST HAMPTON	CT	6424	63 NORTH MAIN ST
04A-63B-21-4A	TOLHURST BRUCE +	16 VIRGINIA RAIL DR	MARLBOROUGH	CT	6447	64 NORTH MAIN ST
04A-63B-21-4Z	TOLHURST BRUCE A +	16 VIRGINIA RAIL DR	MARLBOROUGH	CT	6447	NORTH MAIN ST
04A-63B-21-5A	YEAGER GLADYS M	70 NORTH MAIN ST	EAST HAMPTON	CT	6424	70 NORTH MAIN ST
04A-63B-3	AIELLO ROBERT J &	3 SEARS PL	EAST HAMPTON	CT	6424	3 SEARS PL
04A-63B-2	BOLLE NORMAN EST OF	365 WILLARD AVE UNIT NEWINGTON	NEWINGTON	CT	6111	1 SEARS PL
04A-63B-10	BRUNETTE GUY &	2712 HEBRON AVE	GLASTONBURY	CT	6033	13 SEARS LN
04A-63B-18	BURTON MELANIE	56 NORTH MAIN ST	EAST HAMPTON	CT	6424	56 NORTH MAIN ST
04A-39A-4	CONNELLY FRANCES E	53 NORTH MAIN ST	EAST HAMPTON	CT	6424	53 NORTH MAIN ST
04A-39A-2	CURYLE HELEN J + DAVID A	57 NORTH MAIN ST	EAST HAMPTON	CT	6424	57 NORTH MAIN ST
04A-39A-W-4	DANGELO CAROLINE	59 NORTH MAIN ST	EAST HAMPTON	CT	6424	59 NORTH MAIN ST
04A-39A-3	LANDRY NATHAN ARMAND JC	19 BROOKHILL DR	EAST HAMPTON	CT	6424	55 NORTH MAIN ST
04A-63B-11	PALMER SHARON	11 SEARS LN	EAST HAMPTON	CT	6424	11 SEARS LN
04A-63B-14	RILEY BRIAN JAMES &	5 SEARS LN	EAST HAMPTON	CT	6424	5 SEARS LN
04A-63B-13	RYDE PATRICIA &	7 SEARS LN	EAST HAMPTON	CT	6424	7 SEARS LN
04A-63B-12	WALSH PETER R +	PO BOX 26	MIDDLE HADDAM	CT	6456	9 SEARS LN



Statewide Inland Wetlands & Watercourses Activity Reporting Form

Please complete and mail this form in accordance with the instructions on pages 2 and 3 to:

DEEP Land & Water Resources Division, Inland Wetlands Management Program, 79 Elm Street, 3rd Floor, Hartford, CT 06106

Incomplete or incomprehensible forms will be mailed back to the inland wetlands agency.

PART I: Must Be Completed By The Inland Wetlands Agency

- DATE ACTION WAS TAKEN: year: _____ month: _____
- ACTION TAKEN (see instructions, only use one code): _____
- WAS A PUBLIC HEARING HELD (check one)? yes no
- NAME OF AGENCY OFFICIAL VERIFYING AND COMPLETING THIS FORM:
(print name) _____ (signature) _____

PART II: To Be Completed By The Inland Wetlands Agency Or The Applicant

- TOWN IN WHICH THE ACTION IS OCCURRING (print name): East Hampton
does this project cross municipal boundaries (check one)? yes no
if yes, list the other town(s) in which the action is occurring (print name(s)): _____
- LOCATION (see instructions for information): USGS quad name: Middle Haddam or number: _____
subregional drainage basin number: 4709
- NAME OF APPLICANT, VIOLATOR OR PETITIONER (print name): Town of East Hampton
- NAME & ADDRESS / LOCATION OF PROJECT SITE (print information): 60 N. Main St.
briefly describe the action/project/activity (check and print information): temporary permanent description: Stormwater
Improvement @ Sears Park
- ACTIVITY PURPOSE CODE (see instructions, only use one code): E
- ACTIVITY TYPE CODE(S) (see instructions for codes): 12, 14, _____, _____
- WETLAND / WATERCOURSE AREA ALTERED (must provide acres or linear feet):
wetlands: 0 acres open water body: 0 acres stream: 0 linear feet
- UPLAND AREA ALTERED (must provide acres): 0.88 acres
- AREA OF WETLANDS / WATERCOURSES RESTORED, ENHANCED OR CREATED (must provide acres): 0 acres

DATE RECEIVED:

PART III: To Be Completed By The DEEP

DATE RETURNED TO DEEP:

FORM COMPLETED: YES NO

FORM CORRECTED / COMPLETED: YES NO



Office Use Only		
Fee Paid _____	Date Approved _____	Permit Number _____
Public Hearing: YES NO	Agent Approval: YES NO	

**TOWN OF EAST HAMPTON
INLAND WETLANDS & WATERCOURSES AGENCY**

Date: 3/24/20

1. Name of Applicant* Town of East Hampton
 Phone Numbers: Home _____, Business _____, Cell _____
 Home Address: Street _____ Town _____ State/Zip _____
 Business Address: Street 20 East High St Town E Hampton State/Zip CT 06424

* 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): Beach Rd Assoc. Phone _____
 Address: Street 7 Sears Place Town East Hampton State/Zip CT 06424

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: _____, Signature: _____, Date: _____

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

4. Site Location and Description: Assessor's Map 04A, Block 63, Lot 1
 Address: Street 7 Sears Place Town E. Hampton State/Zip CT 06488

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: 0.03 acres or sq. ft. (Area within 100' of wetland)
TOTAL AREA OF DISTURBANCE 0.03 acres or sq. ft.

Will fill be needed on site? Yes No If yes, how much fill is needed? 0 cubic yards

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

Description of soil types on site: _____
 Description of wetland vegetation: _____

Name of Soil Scientist and date of survey: N/A

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.

Attach plans showing all alternatives considered.

See Attached Plans

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 See Attached List
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: _____, Signature: _____, Date: _____

Please Note: You or a representative must attend the Inland Wetlands meeting to present your application.

Parcel ID	Owner 1	Owner Address	Owner City	Owner State	Owner Zip	Site Address
04A-63-1	BEACH ROAD ASSOCIATION	7 SEARS PL	EAST HAMPTON	CT	6424	SEARS PL
04A-63-4	FLANNERY KERON F	8 SEARS PL	EAST HAMPTON	CT	6424	8 SEARS PL
04A-63-12A	GASSNER ROSLYN C	PO BOX 1118	CHESIRE	CT	6410	48 NORTH MAIN ST
04A-63-2	LOFFREDO VINCENT J +	90 DORA DR	MIDDLETOWN	CT	6457	12 SEARS PL
04A-63B-9	RUMBOLD VANESSA	15 SEARS PL	EAST HAMPTON	CT	6424	15 SEARS PL
04A-63-3	THE HOME BUYER LLC	1942 JAPONICA RD	WINTER PARK	FL	32792	10 SEARS PL
04A-63B-7	TURNER DEBORAH A	PO BOX 31	MARLBOROUGH	CT	6447	11 SEARS PL
04A-63B-8	TYLER CHERYL RAND	13 SEARS PL	EAST HAMPTON	CT	6424	13 SEARS PL
04A-63-12	WELLS THOMAS O TRUSTEE	42 NORTH MAIN ST	EAST HAMPTON	CT	6424	42 NORTH MAIN ST



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Incomplete or incomprehensible forms will be mailed back to the inland wetlands agency.

PART I: Must Be Completed By The Inland Wetlands Agency

- DATE ACTION WAS TAKEN: year: _____ month: _____
- ACTION TAKEN (see instructions, only use one code): _____
- WAS A PUBLIC HEARING HELD (check one)? yes no
- NAME OF AGENCY OFFICIAL VERIFYING AND COMPLETING THIS FORM:
(print name) _____ (signature) _____

PART II: To Be Completed By The Inland Wetlands Agency Or The Applicant

- TOWN IN WHICH THE ACTION IS OCCURRING (print name): East Hampton
does this project cross municipal boundaries (check one)? yes no
if yes, list the other town(s) in which the action is occurring (print name(s)): _____
- LOCATION (see instructions for information): USGS quad name: midde Haddam or number: _____
subregional drainage basin number: 4709
- NAME OF APPLICANT, VIOLATOR OR PETITIONER (print name): Town of East Hampton
- NAME & ADDRESS / LOCATION OF PROJECT SITE (print information): 7 Sears Place
briefly describe the action/project/activity (check and print information): temporary permanent description: storm-water retrofit
- ACTIVITY PURPOSE CODE (see instructions, only use one code): E
- ACTIVITY TYPE CODE(S) (see instructions for codes): 12, _____, _____, _____
- WETLAND / WATERCOURSE AREA ALTERED (must provide acres or linear feet):
wetlands: 0 acres open water body: 0 acres stream: 0 linear feet
- UPLAND AREA ALTERED (must provide acres): 0.03 acres
- AREA OF WETLANDS / WATERCOURSES RESTORED, ENHANCED OR CREATED (must provide acres): _____ acres

DATE RECEIVED:

PART III: To Be Completed By The DEEP

DATE RETURNED TO DEEP:

FORM COMPLETED: YES NO

FORM CORRECTED / COMPLETED: YES NO

