

DEPARTMENT OF COMMUNITY DEVELOPMENT PLANNING DIVISION TOWN OF WEST HARTFORD 50 SOUTH MAIN STREET WEST HARTFORD, CT 06107-2431 TEL: 860.561.7555 FAX: 860.561.7504 www.westhartfordct.gov

APPLICATION FOR DESIGNATED AGENT APPROVAL REGULATED ACTIVITIES PERMITTED UNDER SECTION 12 OF THE INLAND WETLANDS & WATERCOURSES REGULATIONS

File #:	ile #: Date Received:			
Street Address of Pr	oposed Activity:			
Zone:	Acreage/Lot Area	Parcel/Lot#		
Application Fee:	Surcharge Fee:	Affidavit Fee:		
Applicant's Interest	in Property:			
		······		
Distance to nearest	wetland soil or watercourse:			
Fo		Total sq ft of disturbance Total sq ft of disturbance		
Measures proposed	by the applicant to minimize impa	ct on the wetland and/or watercourse:		

The undersigned applicant certifies the following:

- (1) the proposed activity does and will not constitute a significant impact activity as defined in the regulations
- (2) best management practices shall be used so as to ensure continued compliance with governing laws and regulations
- (3) there are no prudent alternatives to the proposed activity that have a less adverse impact on Wetlands and Watercourses.

The undersigned warrants the truth of all statements contained herein and in all supporting documents to the best of his/her knowledge and belief. Furthermore, the applicant agrees that submission of this document constitutes permission and consent to Commission and Staff inspections of the site. Note: Notice is hereby given the Connecticut Department of Public Health must be notified by applicants for any project located within a public water supply aquifer protection area or watershed area. (CTDPH website at http://www.dph.state.ct.us)

The undersigned also acknowledges their responsibility if this application is approved to publish notice of approval within ten (10) days in a newspaper having a general circulation in town. Applicant will submit proof of publication to the Planning & Zoning Office.

Applicant's Initials acknowledging responsibility for publication

Record Owner's Name			Applicant's Name			
Street			Street			
City	State	Zip	City	State	Zip	
Telephone #			Telephone #			
Contact Pers	<u>son:</u>					
Name			Applicant's Signature			
Street			Signature of O	wner/Authorized Age	nt	
City	State	Zip				
Telephone # Email Addre		ess	:			
Authorized	d Agent Actior	<u>1:</u>				
			ction 12 of the Town nt determines the fo	n of West Hartford In llowing:	lland Wetlands and	
Application A	Approved:	Design	nated Agent Signatu	ted Agent Signature:		
Conditions o	f Approval:					
Application 1	Denied:	Designate	ed Agent Signature:			
	cation is denied the aj PZ\Forms and Templates\IWW D/			d Watercourses Agency (I	WWA) for a permit.	
					2	

APPLICANT'S RESPONSIBILITY UPON INLAND WETLANDS AND WATERCOURSES DESIGNATED AGENT APPROVAL

Inland Wetlands and Watercourses Regulations Section 12.1:

Any person receiving such approval from such agent shall, within ten (10) days of the date of such approval, publish, at the applicant's expense, notice of the approval in a newspaper having a general circulation in the town wherein the activity is located or will have an effect. Any person may appeal such decision of such agent to the Agency within fifteen (15) days after the publication date of the notice and the Agency shall consider such appeal at its next regularly scheduled meeting provided such meeting is no earlier than three (3) business days after receipt by such Agency or its agent of such appeal. Any person may appear and be heard at the meeting held by the Agency to consider the subject appeal. The Agency shall, at its discretion, sustain, alter, or reject the decision of its agent or require an application for a permit in accordance with Section 7 of these regulations.

- The following is an example of the notice which shall be published by the applicant within 10 days or approval is void.
- Publish one time.
- Publish everything located in the box below with the highlighted areas filled in with information from your application:

INLAND WETLANDS AND WATERCOURSES DESIGNATED AGENT APPROVAL TOWN OF WEST HARTFORD

PROPERTY ADDRESS – (**IWW #_- DA**) Application of (**applicant**) requesting approval to **DESCRIPTION OF PROPOSED ACTIVITY**. The application was approved administratively by the Town Planner, acting as the designated agent for the IWWA, on **APPROVAL DATE**.

The application and related material for the above item are available for public review in the Town Plan and Zoning Office, Room 214, Town Hall, 50 South Main St., West Hartford, CT 06107.

*Publish in either of the following publications:

Hartford Courant - Email info to: publicnotices@courant.com

Zone 6 - West Hartford circulation

Publish one time Or

West Hartford News www.westhartfordnews.com

*Forward a copy of the *proof of publication to*: Brittany.Bermingham@westhartfordct.gov

U:\Shared Documents\TPZ\Templates\IWW DA\ IWWADesignatedAgent w. IWW DA Publication Info 4_12_16