



DEPARTMENT OF COMMUNITY
DEVELOPMENT
PLANNING DIVISION
TOWN OF WEST HARTFORD
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WEST HARTFORD, CT 06107-2431
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INLAND WETLANDS & WATERCOURSES AGENCY
OPERATIONS AND USES "AS OF RIGHT / NONREGULATED"
DETERMINATION FORM: (check one of the following)

___ OPERATION / USE AS OF RIGHT ___ OPERATION / USE NONREGULATED

FOR OFFICE USE ONLY:

File #: _____ Date Received: _____

Street Address of Proposed Operation or Use: _____

Zone: _____ Acreage/Lot Area: _____ Parcel/Lot#: _____

Application Fee: _____ Surcharge Fee: _____

Brief Description of Proposed Operation or Use: _____

Information supporting this request attached:

Plot Plan: _____ Narrative Describing the proposed activity: _____ Additional Information: _____

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 Agency 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>)*

Record Owner's Name _____

Applicant's Name _____

Street _____

Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Telephone # _____

Telephone # _____

Contact Person:

Name _____

Applicant's Signature _____

Street _____

Signature of Owner/Authorized Agent _____

City _____ State _____ Zip _____

Telephone # _____

Email Address _____