



230

Inland Wetlands and Watercourses Agency
Town of West Hartford - Department of Community Development
50 South Main Street, Room 214, West Hartford, CT 06107
P: (860) 561-7555 www.westhartfordct.gov

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

FOR OFFICE USE ONLY:

File #: 164 Date Received: 2/19/24
 Street Address of Proposed Activity: 54 OLD OAK RD
 Zone: _____ Acreage/Lot Area _____ Parcel/Lot# _____
 Application Fee: _____ Surcharge Fee: _____ Affidavit Fee: _____

Applicant's Interest in Property: owner

Description of Proposed Activity: Build 33" retaining wall
by pond area with modular, versatile blocks.
Partial wall is on upland review
area - install greenhouse 5x10 polycarbonate,
6ft from property line - see attached
site plan -

Distance to nearest wetland soil or watercourse:

<u>N/A</u>	Feet to wetland soil	<u>90</u>	Total sq ft of disturbance
<u>140 ft</u>	Feet to watercourse	_____	Total sq ft of disturbance

Measures proposed by the applicant to minimize impact on the wetland and/or watercourse:

no changes to ground elevations and
no alterations to existing drainage.

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 DR

Klaudia Rodriguez
Record Owner's Name

Same
Applicant's Name

54 Old Oak Rd
Street

Street

West Hartford, CT 06117
City State Zip

City State Zip

860 593 8610
Telephone #

Telephone #

Contact Person:

Same
Name

[Signature]
Applicant's Signature

Street

Signature of Owner/Authorized Agent

City State Zip

Telephone #

Email Address

Authorized Agent Action:

After considering the standards set forth in Section 12 of the Town of West Hartford Inland Wetlands and Watercourses Regulations, the authorized agent determines the following:

Application Approved: 2/25/21 Designated Agent Signature: [Signature]

Conditions of Approval:

Final inspection required when all work completed

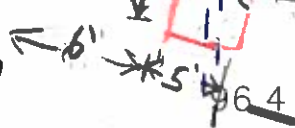
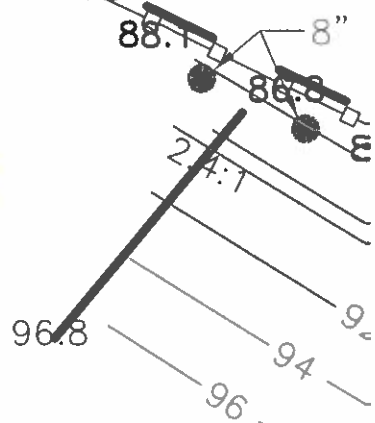
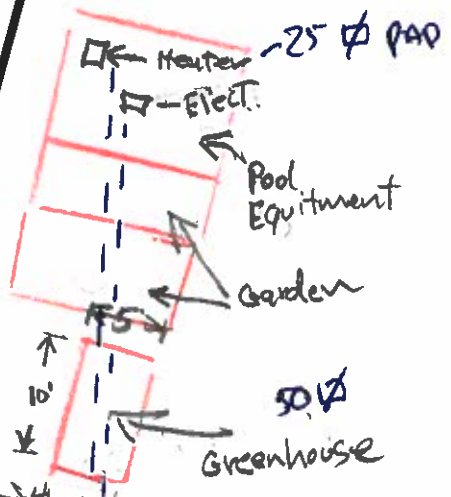
Application Denied: _____ Designated Agent Signature: _____

Note: If application is denied the applicant may apply to the Inland Wetlands and Watercourses Agency (IWWA) for a permit.

N 52°00'38" E
26.95'

i.pin(set)

i.pin(set)



40' +/-
CONDUIT
TRENCH

existing graded swale

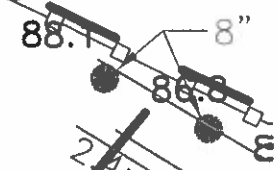
Retaining
Wall
33"

189.23' (total)

15°30'41" E



install pavers out
5' from pool edge.



see

54 OLD OAK

