



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

FOR OFFICE USE ONLY:

File #: 169 Date Received: 4.21.21
Street Address of Proposed Activity: 12 Edmund Place
Zone: _____ Acreage/Lot Area _____ Parcel/Lot# _____
Application Fee: \$170 Surcharge Fee: \$60 Affidavit Fee: —

Applicant's Interest in Property: owner

Description of Proposed Activity: Sump pump drainage connection to the storm water system.

Distance to nearest wetland soil or watercourse:

<u>113 ft</u>	Feet to wetland soil	<u>40 ft</u>	Total sq ft of disturbance
	Feet to watercourse		Total sq ft of disturbance

Measures proposed by the applicant to minimize impact 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. JP

ROO MARTIN
Record Owner's Name

EASTERN WATERSHEDS (JON PIERA)
Applicant's Name

12 EDMUND R
Street

PO BOX 504
Street

WEST HARTFORD CT
City State Zip

S. WINDSOR CT 06074
City State Zip

860 920-2701
Telephone #

800 875-6646
Telephone #

Contact Person:

Jon Piera
Name

[Signature]
Applicant's Signature

PO BOX 504
Street

Signature of Owner/Authorized Agent

S WINDSOR CT 06074
City State Zip

800 875 6646
Telephone #

Jon@EASTERNWATERSHEDS.COM
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: 4/26/21 Designated Agent Signature: [Signature]

Conditions of Approval:

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.

