



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

FOR OFFICE USE ONLY.

File #: 175 Date Received: 6.18.21

Street Address of Proposed Activity: 26 Hammick Rd

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

Application Fee: \$170 Surcharge Fee: \$60 Affidavit Fee: —

Applicant's Interest in Property: owner

Description of Proposed Activity: Repeating rear deck and extending to 12 x 16'

Distance to nearest wetland soil or watercourse:

<u>N/A</u>	Feet to wetland soil	<u>32 #</u>	Total sq ft of disturbance
<u>81'</u>	Feet to watercourse	<u>↓</u>	Total sq ft of disturbance

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

WORK WITHIN 20' OF STRUCTURE
No Equipment Needed

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 MC

ANN CLEFFORD
Record Owner's Name

SAME
Applicant's Name

26 HAMMECK RD.
Street

Street

WEST HARTFORD CT 06107
City State Zip

City State Zip

860-232-6386
Telephone #

Telephone #

Contact Person:

MIKE CLEFFORD
Name

Ann M. Clefford
Applicant's Signature

51 Treeborou-gh Dr.
Street

Ann M. Clefford
Signature of Owner/Authorized Agent

WATER CT
City State Zip

860 305 3929
Telephone #

mikeclefford70@gmail.com
Email Address

Authorized Agent Action:

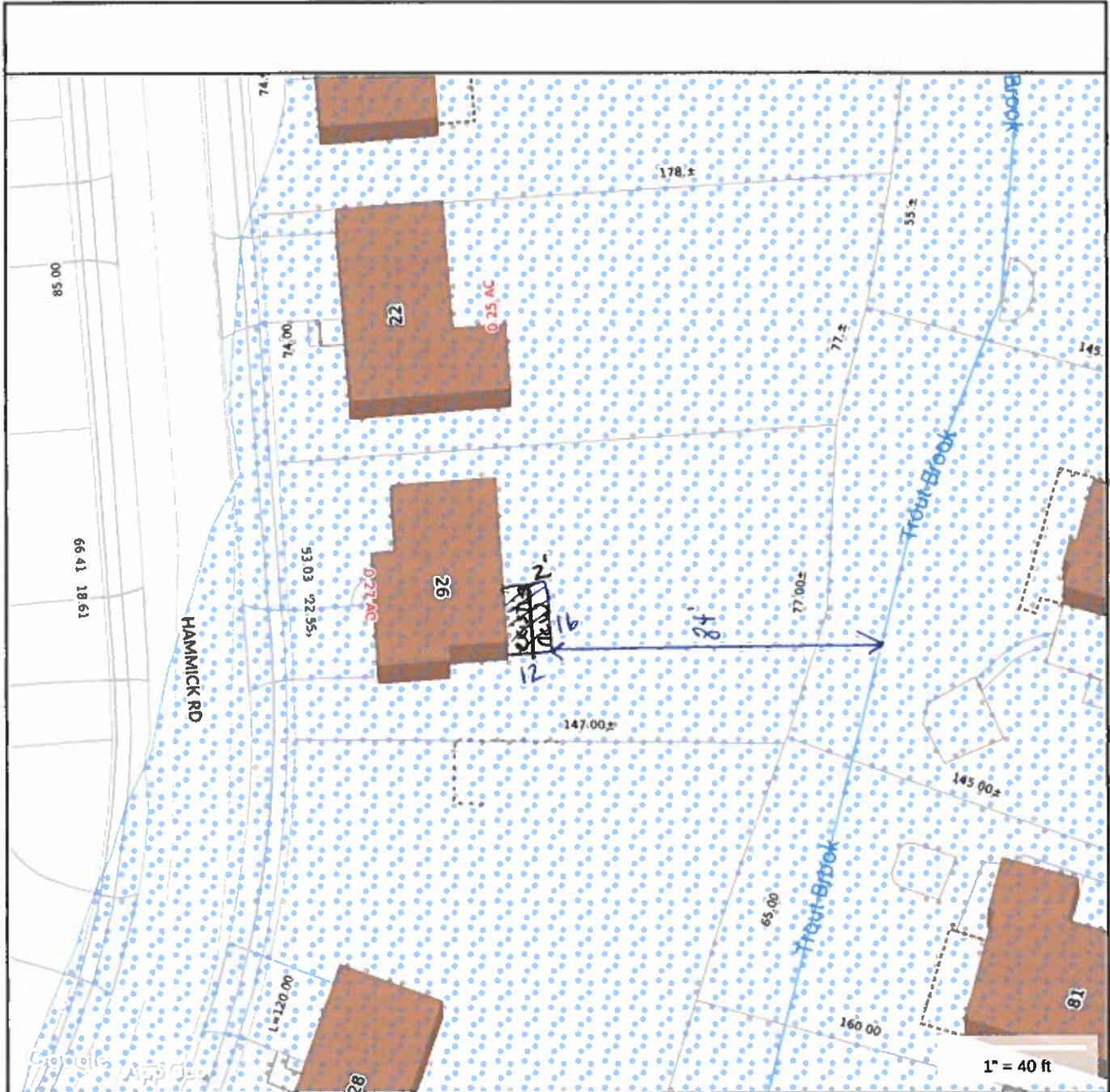
After considering the standards set forth in Section 12 of the Town of West Hartford Inland Wetlands and Watercourses Regulations, the authorized agent determines the following:

Application Approved: 6/21/21 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.



**MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT**

Town of West Hartford, CT makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated 7/17/2020
Data updated Daily

Print map scale is approximate.
Critical layout or measurement activities should not be done using this resource.

