



Town of Watertown Connecticut  
Conservation Commission/ Inland Wetland Agency  
Watertown Municipal Center  
61 Echo Lake Road  
Watertown, CT 06795  
(860) 945-5266  
www.watertownct.org

**Conservation Commission / Inland Wetland Agency  
Town of Watertown, Connecticut**

**Application for Permit**

Permit Application Number: \_\_\_\_\_

Property location: \_\_\_\_\_

**INSTRUCTIONS**

All applicants must complete Section 1 of this application form for preliminary review. If the Agency determines that the activity described constitutes a significant activity in accordance with the definition provided in Section 2.1 of the Regulations, then a public hearing shall be scheduled, and additional information requested. In addition to the information supplied in Section 1, the applicant may submit any other supporting documents or facts which may assist the commission in its evaluation of the proposal. Incomplete applications will be rejected by the commission.

**1. Name of Applicant:** \_\_\_\_\_  
Business or Home Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone #: \_\_\_\_\_ Mobile#: \_\_\_\_\_  
Email: \_\_\_\_\_

**2. Applicant's Interest in Land:**  
 Owner     Lessee     Contract Purchases     Other – Please Describe  
\_\_\_\_\_  
\_\_\_\_\_

**3. Name of Property Owner:** \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone #: \_\_\_\_\_ Mobile \_\_\_\_\_  
Email: \_\_\_\_\_



**B.** Provide a narrative describing the alternatives to the proposal which have been considered, and state why these alternatives were rejected in favor of the requested activity. Attach drawings or diagrams which show the alternatives considered.

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**C.** Steps taken to avoid or minimize impacts to wetlands and upland review area.

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**D.** List any mitigation or enhancement measures if avoidance is not possible.

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**E.** Provide a report from a qualified soil scientist.

**F.** Describe the proposed erosion and sediment control plan.

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**PLEASE ANSWER THE FOLLOWING STATEMENTS**

**8. The applicant shall certify the following information by circling the appropriate word(s).**

- A. Traffic attributable to the completed project on the site (will/will not) use streets within an adjoining municipality to enter the site. **YES OR NO**
  
- B. Sewer or water drainage from the project site (will/will not) flow through and impact the sewage or drainage system of another municipality. **YES OR NO**
  
- C. Water run-off from the improved site (will/ will not) impact streets or other municipal or private property within another municipality. **YES OR NO**

**9. Complete the following section if the purpose of this application is to transfer, amend/ modify a previously issued permit:**

- A. Name of current permittee: \_\_\_\_\_
- B. Agency number of existing permit: \_\_\_\_\_
- C. Initiation date of existing permit: \_\_\_\_\_
- D. Expiration date of existing permit: \_\_\_\_\_

**10. Complete the attached D.E.E.P. reporting form.**

**11. The undersigned hereby consents to necessary and proper inspections of above referenced property by members or agents of the Inland Wetlands Agency at reasonable times, both before and after the permit in question has been acted upon by the Agency.**

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Signature of Property Owner

Date:

**12. The undersigned attest that the information supplied in the completed application is accurate, to the best of his or her knowledge and belief and is aware of the penalties for obtaining a permit through deception, inaccurate or misleading information.**

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Signature of Applicant

Date: