## FORM IWWC07-02 (Page 1)

## APPLICATION FOR PERMIT FOR USE OF INLAND WETLANDS AND WATERCOURSES OR UPLAND REVIEW/BUFFER AREAS Lisbon, Connecticut

NAME OF APPLICANT:	
Peter Kujawa - PCNC, LCC	To be completed by Commission:
	Application No.: Date of Receipt:
ADDRESS OF APPLICANT:	Application Fee:
Home: 227 BROCKETT ST, New	1400m CT 06/11
Business:	The second secon
NAME OF PROPERTY OWNER: PETER KUIAWA	
ADDRESS: 236 PRESTON ALLEM RD	ILISBON CT
TELEPHONE: Applicant 860-794-9418 Owner	<del>/                                    </del>
**Written consent must be attached if Applicant is not the property **Written description of functions of Wetlands and Watercourses must	owner. ust be attached as per Section of 7.4.4.
PURPOSE AND DESCRIPTION OF PROPOSED ACTIVITY, INCLUDING additional sheet if needed)	ANTICIPATED COMPLETION DATE: (Us
CONSTINCTION OF A NEW SINGLE FAMILY DEL VACANT PARCEL. SMALL AREA OF WETLA DRIVEWAY ENTRANCE. OPLAND REVIEW AREA WELL, HOUSE, GRADING & YAND AREA, PEVIEW DISTURBANCE = 2400SF/0,55 AC.	ELLING ON 6.95 ACRE M95 FILLING (50 SF) AT
GEOGRAPHICAL LOCATION OF PROPERTY TO BE AFFECTED BY PRO- LIMITED TO, A DESCRIPTION OF THE LAND IN SUFFICIENT DETAI INLAND WETLANDS AND WATERCOURSES AND UPLAND REVIEW/B needed)  SEE ENCLOSED SITE PLANS.	POSED ACTIVITY, INCLUDING, BUT NOT IL TO ALLOW IDENTIFICATION OF THE BUFFER AREA: (Use additional sheet if
I hereby certify that I am familiar with all the information provided in penaltiles for obtaining a permit through deception or through inaccurate signed:	this application, and I am aware of the e or misleading information.
/ Spricant) Date: // 6/	124

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79 Elm Street • Hartford, CT 06106-5127

www.ct.gov/deep

Affirmative Action/Equal Opportunity Employer

## Statewide Inland Wetlands & Watercourses Activity Reporting Form

Please complete and mail this form in accordance with the instructions on pages 2 and 3 to:

DEEP Land & Water Resources Division, Inland Wetlands Management Program, 79 Elm Street, 3<sup>rd</sup> Floor, Hartford, CT 06106

Incomplete or incomprehensible forms will be mailed back to the inland wetlands agency.

PART I: Must Be Completed By The Inland Wetlands Agency		
1.	DATE ACTION WAS TAKEN: year: month:	
2.	ACTION TAKEN (see instructions, only use one code):	
3.	WAS A PUBLIC HEARING HELD (check one)? yes no	
4.	NAME OF AGENCY OFFICIAL VERIFYING AND COMPLETING THIS FORM:	
	(print name) (signature)	
PART II: To Be Completed By The Inland Wetlands Agency Or The Applicant		
5.	TOWN IN WHICH THE ACTION IS OCCURRING (print name): Lisbon	
	does this project cross municipal boundaries (check one)? yes \( \square\) no \( \square\)	
	if yes, list the other town(s) in which the action is occurring (print name(s)):	
6.	LOCATION (see instructions for information): USGS quad name: NORWICH QUAD or number: 72	
	subregional drainage basin number:	
7.	NAME OF APPLICANT, VIOLATOR OR PETITIONER (print name): Peter Kujawa, PCNC, LLC	
8.	NAME & ADDRESS / LOCATION OF PROJECT SITE (print information): 236 Preson Allen Rd, Lisbon CT 06351	
	briefly describe the action/project/activity (check and print information): temporary ☐ permanent ☒ description:	
9.	ACTIVITY PURPOSE CODE (see instructions, only use one code):	
10.	ACTIVITY TYPE CODE(S) (see instructions for codes): 1 12 , 12	
11.	WETLAND / WATERCOURSE AREA ALTERED (must provide acres or linear feet):	
	wetlands:001 acres open water body:0 acres stream: 0 linear feet	
12.	UPLAND AREA ALTERED (must provide acres): 0.55 acres	
13.	AREA OF WETLANDS / WATERCOLIRSES RESTORED ENHANCED OR CREATER (TOUR ASSOCIATED)	
acres		
DATE RECEIVED: PART III: To Be Completed By The DEEP DATE RETURNED TO DEEP:		
FORM COMPLETED: YES NO FORM CORRECTED / COMPLETED: YES NO		