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:	•
Town of Lisbon	To be completed by Commission:
	Application No.: Date of Receipt:
ADDRESS OF APPLICANT:	Application Fee:
Home:	
Business: 1 Newent Road, Lisbon, CT 06351	·
NAME OF PROPERTY OWNER: Town of Lisbon	
ADDRESS: 25 Newent Road, Lisbon, CT 06351	
TELEPHONE: Applicant 860-376-3400 Ow	ner_Tom Sparkman, First Selectman
**Written consent must be attached if Applicant is not the pr **Written description of functions of Wetlands and Watercou	roperty owner. rses must be attached as per Section of 7.4.4.
PURPOSE AND DESCRIPTION OF PROPOSED ACTIVITY, INC additional sheet if needed)	
Site preparation for a proposed municipal fire heads	quarters; refer to attached plan.
	w
GEOGRAPHICAL LOCATION OF PROPERTY TO BE AFFECTED LIMITED TO, A DESCRIPTION OF THE LAND IN SUFFICIEN INLAND WETLANDS AND WATERCOURSES AND UPLAND R needed)	DETAIL TO ALLOW IDENTIFICATION OF THE
Refer to attached plan.	
	,
I hereby certify that I am familiar with all the information propenalties for obtaining a permit through deception or through	ovided in this application, and I am aware of the inaccurate or misleading information.
Signed:Date:	03/14/2020

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LIST ALTERNATIVES TO APPLICATION PROPOSAL WHICH WERE CONSIDERED AND WHY THE APPLICATION PROPOSAL WAS CHOSEN: (Use additional sheet if needed)

ACREAGE OF WETLANDS AND WATERCOURSES ALTERED:	· •
A. Soil type(s) (If available)	ACRES]
ACREAGE OF WETLANDS OR WATERCOURSES CREATED:[0	ACRES]
LINEAL FEET OF STREAM ALTERATION	FEET]
TOTAL AREA OF WETLANDS ON PROJECT SITE	ACRES]
TOTAL AREA OF UPLAND REVIEW/BUFFER ON SITE [1.85]	ACRES]
TOTAL LAND AREA OF PROPERTY 7.83	3 ACRES]
ATTACH SITE PLAN AS PRESCRIBED IN SECTION 7	•
I, the property owner, hereby grant permission to the Inland Wetlan to access the property involved in this application during its considerant resulting permit. Signed: (Property Owner) ***********************************	eration and during the implementation pate:
(To be completed by the Commis	
Application Approved: Date:	9
Conditions of Approval, if any:	
Expiration Date:	
Extension Date:	,
Date of Review of Completed Work:	· .
Application Denied: Date:	
Reasons for Denial:	
	·
Signature of Chairman or Secretary of Commission	