

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: _____

Application Fee: _____

ADDRESS OF APPLICANT:

Home: 20 ENTER ACRES, LISBON, CT 06351

Business: 1 NEWENT ROAD, LISBON, CT 06351

NAME OF PROPERTY OWNER: JEMMY T. : BRENDA J. BUCKRIDGE

ADDRESS: 20 STENAD ROAD, LISBON, CT 06351

TELEPHONE: Applicant (860) 376-3400 Owner (860) 334-4110

**Written consent must be attached if Applicant is not the property owner.

**Written description of functions of Wetlands and Watercourses must be attached as per Section of 7.4.4.

PURPOSE AND DESCRIPTION OF PROPOSED ACTIVITY, INCLUDING ANTICIPATED COMPLETION DATE: (Use additional sheet if needed)

EXCAVATION TO REPAIR/REPLACE CULVERT PIPE THAT
CROSSES THE ROAD. IF REQUIRED, WORKING CURBS TO
CURB AND SHOULDER 10 FEET IN ON BOTH SIDES.
ANTICIPATED START DATE DUE TO ROAD DAMAGE IS 08/12/2001 -
08/17/2001.

GEOGRAPHICAL LOCATION OF PROPERTY TO BE AFFECTED BY PROPOSED ACTIVITY, INCLUDING, BUT NOT LIMITED TO, A DESCRIPTION OF THE LAND IN SUFFICIENT DETAIL TO ALLOW IDENTIFICATION OF THE INLAND WETLANDS AND WATERCOURSES AND UPLAND REVIEW/BUFFER AREA: (Use additional sheet if needed)

20 STENAD ROAD, LATITUDE 41.593772 LONGITUDE -72.021028
NEAREST CROSS STREET RENDALL ROAD EXTENSION. SINGLE FAMILY
HOME ON 1.1 ACRE LOT W/ SMALL WETLAND ADJACENT TO THE ROAD.

I hereby certify that I am familiar with all the information provided in this application, and I am aware of the penalties for obtaining a permit through deception or through inaccurate or misleading information.

Signed: _____

(Applicant)

Date: 08/11/2001

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

NO ALTERNATIVES WERE CONSIDERED, THIS IS EMERGENCY REPAIR/REPLACEMENT OF DRAINAGE IN DEER A TOWN ROAD.

ACREAGE OF WETLANDS AND WATERCOURSES ALTERED:

A. Soil type(s) (if available) [NA] ACRES]

ACREAGE OF WETLANDS OR WATERCOURSES CREATED: ... [0] ACRES]

LINEAL FEET OF STREAM ALTERATION. [150±] FEET]

TOTAL AREA OF WETLANDS ON PROJECT SITE. [.10±] ACRES]

TOTAL AREA OF UPLAND REVIEW/BUFFER ON SITE. [NA] ACRES]

TOTAL LAND AREA OF PROPERTY [1.1] ACRES]

ATTACH SITE PLAN AS PRESCRIBED IN SECTION 7

I, the property owner, hereby grant permission to the Inland Wetlands Commission and its designated agents to access the property involved in this application during its consideration and during the implementation of any resulting permit.

Signed: [Signature] Date: 8/10/21 (Property Owner)

(To be completed by the Commission)

Application Approved: Date: _____

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



STRNAD

Write a description for your map.

Legend

📍 18 Strmad Rd



Google Earth

Thomas Sparkman

From: callcenter@cbyd.com
Sent: Monday, August 9, 2021 9:58 AM
To: Thomas Sparkman
Subject: Locate Request - 20213200372
Attachments: 20213200372.GIF

(CALL BEFORE YOU DIG - CT) 08/09/2021 09:56:15

-C1 -JC 1-LS LISBON

***** ROUTINE *****

TIME..09:56 DATE..08/09/2021

REQUEST NO...20213200372

LATITUDE..41.593772 LONGITUDE...-72.022028

TOWN.....LISBON

ADDRESS...20

STREET.....STRNAD ROAD

NEAREST

CROSS STREET..KENDALL ROAD EXT

TYPE OF WORK.....WATER DRAINAGE MACHINE EXC

AREA IS MARKED...YES

REMARKS:

EXCAVATING TO REPLACE CULVERT PIPE THAT CROSSES THE ROAD. WORKING CURB TO CURB AND SHOULDER 10 FEET IN ON BOTH SIDES.

START DATE.....08/12/2021 START TIME..00:01

CALLER.....MR TERRY DUGAS

CALL BACK.....NOT SUPPLIED

PHONE #.....860-213-0319

FAX #.....

ALT. PHONE #....

EMAIL ADDRESS...TDTERRYDUGAS@GMAIL.COM

CONTRACTOR.....T D C EXCAVATING LLC

ADDRESS.....93 S 4TH AVE

CITY.....TAFTVILLE

STATE.....CT

ZIP.....06380

EXCAVATOR DOING WORK..T D C EXCAVATING LLC

ISSUED TO: DATE: TIME: BY:

DATE/TIME ARRIVED: TIME LEFT: COMPLETED BY:

CALL BACK: 1) DATE: TIME: BY: 2) DATE: TIME: BY:

PERSON CONTACTED: PERSON CONTACTED: