II. EAST HADDAM INLAND WETLANDS AND WATERCOURSES COMMISSION APPLICATION FORM **Please fill out all pages**

DATE RECEIVED _____ **FEE RECEIVED** _____

APPLICATION NO. _____

mail 270 Unity Rd Thumbell Ct 06611

NAME OF APPLICANT ANNE & MICHAEL BERTE

HOME ADDRESS 170 Falls RD **PHONE** 203-394-3739

BUSINESS ADDRESS _____ **PHONE** _____

EMAIL aberte99@gmail.com

RECORD OWNER _____

HOME ADDRESS _____ **PHONE** _____

BUSINESS ADDRESS _____ **PHONE** _____

APPLICANT'S INTEREST IF NOT THE OWNER Q

PROPERTY LOCATION
170 Falls RD

ASSESSOR'S MAP NO. M75 **LOT NO.** L132 **LOT SIZE** .17 acre

THE PURPOSE AND A DESCRIPTION OF THE PROPOSED ACTIVITY

THE LAKE LEVEL WILL BE TAKEN DOWN IN OCTOBER AND WE WOULD LIKE TO REPLACE ROCKS AT WATERS EDGE ~~WITH PAVERS OR OTHER ACCEPTABLE NON PERMANENT STEP WALL.~~

SAME AS WAS DONE AT NEIGHBORS AT 174 FALLS RD IN THE PAST. SEE PHOTOS OF OUR CURRENT STONE WALL AND NEIGHBORS.

ACREAGE OF WETLANDS AND WATERCOURSES PROPOSED TO BE ALTERED

_____ **ACRES or** _____ **SQUARE FEET**

ACREAGE OF UPLAND REVIEW AREA PROPOSED TO BE ALTERED

_____ **ACRES or** _____ **SQUARE FEET**

SOIL TYPE (S) _____ **ACRES or** _____ **SQUARE FEET**

LINEAL FEET OF STREAM ALTERATION PROPOSED _____ **FEET**

ACREAGE OF WETLANDS OR WATERCOURSES CREATED _____ **ACRES or** _____ **SQUARE FEET**

____ For subdivision and resubdivision applications, the applicant shall submit an application that includes all of the criteria for a complete Planning and Zoning application, including the mapping and narrative in the Four Step Process to create a Subdivision required in Section 3 of the East Haddam subdivision Regulations.

I, the undersigned, under penalties of false statement, hereby certify,

1) that the information supplied herein is accurate

2) that I am familiar with the Inland/Wetlands Regulations of the Town of East Haddam

3) that I will comply with said Inland/Wetlands Regulations in all respects

4) that any permit or approval granted to me is predicated upon this application and all documentation and testimony in support hereof, and that any error, omission, or misrepresentation may be grounds for subsequent rescission or modification of said permits or approval/and

5) I understand that the issuance of this permit shall not be considered to constitute compliance with any other regulation (s), ordinance (s) or law nor relieve the undersigned from the responsibility to obtain any permits hereunder.

Signature of Owner Anne Berte

Authorized Agent _____

Date 8/21/2023

For Office Use Only:

Date that map (s) and fee are received _____

On-Site Inspection Date _____

Additional Notes _____

NO FEWER THAN FIFTEEN (15) COPIES OF THE APPLICATION, PROPOSED PLANS AND REPORTS SHALL BE SUBMITTED FOR REVIEW.

I.W.W.C.APPLICATION WORK SHEET - OFFICE USE ONLY

Applicant's Name _____

Proposed Activity _____

Location: _____ M____ L____

Land Surveyor/Engineer: _____

Attorney: _____

Date of receipt _____ Complete Application _____

Decision w/in 65 days _____

If P.H. is held/to be w/in 65 days of receipt _____

Legal notice in papers _____

Notice to interested parties and abutting properties _____

P.H. to be completed w/in 35 days _____

Decision w/in 35 days _____

Extensions (can only total 65 days) _____

Decisions published 15 days _____

Applicant notified by certified mail 15 days _____