



Inland Wetlands & Watercourses Agency

TOWN HALL * PO BOX 150 * 1019 MAIN ST. * BRANFORD, CT 06405
203-315-0675 * FAX 203-889-3172 * inlandwetlands@branford-ct.gov

Contractor's Acknowledgement Form

To be completed by contractor:

PARCEL ADDRESS

MAP/BLOCK/LOT

Property Owner: _____

Inland Wetlands Permit number: _____

Description of Project:

As the contractor engaged by _____ to perform regulated activities approved per the above referenced permit,

I understand that:

- any revisions to the approved plans must be submitted to the IWWA for approval.
- failure to comply with the permit and the conditions of approval may result in the issuance of a Cease & Correct Order, suspension of permit, and/or issuance of fines pursuant to section 22a-44 of the Connecticut General Statutes.

By signing below, I confirm that I have read and reviewed the approved plans and agree to comply with the terms and conditions of the Inland Wetlands Permit.

Name (Print): _____ Company: _____

Phone: _____ Address: _____

Fax: _____ E-mail: _____

Signature: _____ Date: _____

Work will commence on or about _____ and be completed within approximately _____ days/weeks/months (please circle one).

For office use only:

Received by _____ **Date** _____