Inland Wetlands Agency

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

REQUEST TO RENEW PERMIT/EXTEND PERMIT EXPIRATION DATE

Request for renewal shall be submitted in writing to the Agency, prior to a regular meeting that is scheduled before expiration of the permit per Section 7.13. Please submit any additional information that you feel will aid the Agency in reviewing this request. **Note:** No permit may be valid longer than the governing statute provides for.

IW PERMIT NUMBER

DATE PERMIT WAS ISSUED

ADDRESS OF PARCEL

MAP/BLOCK/LOT

Description of Project:

Per Regulation 7.13: submit a written narrative to explain:

- 1. The reason(s) why authorized activities were not initiated or completed within the time specified in the permit
- 2. Any changes in facts or circumstances involved with or affecting the wetlands or watercourses on the property for which the permit was issued
- 3. The extent of work that has been completed on site at time of filing this form and the anticipated schedule for completing the activities authorized in the permit

Current plans proposed for use in site development:

Plan title:	
	Latest Revision Date:
This plan is the approved plan on file wit	1 the Inland Wetland Agency
This plan has been modified since Inland site plan modification approval	Wetland Agency approval; as such I am also requesting
Most recent site wetland report: Date:	Soil Scientist:
APPLICANT:	OWNER: D applicant is owner, don't fill out if che
Name:	Name:
Address:	Address:
	Phone:Cell Phone:
Email:	Email:
document, the Town of Branford Inland We	rms that he/she has read and understands this tlands and Watercourses regulations with appendic ant warrants the truth of all statements and supporting l belief.
Required: Applicant's Signature:	Date:
Required: Owner Signature:	Date:
OFFICE USE ONLY: Form received: Action Da	te: Action Taken: Form Revised 6