

Inland Wetlands and Watercourses Agency

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

REGULATION OR MAP AMENDMENT APPLICATION

SELECT TYPE OF AMENDMENT APPLICATION:

- Amendment to the Inland Wetlands and Watercourses Regulations of the Town of Branford
 - Specify section(s): _____
 - Submit any supporting documents for the request, included proposed language if applicable
- Amendment to the Inland Wetlands and Watercourses Boundary Map

- | | |
|---|------------------------|
| (ADDRESS OF PARCEL) | (MAP/BLOCK/LOT) |
| <ul style="list-style-type: none"> - Names and addresses of adjacent property owners - Soil scientist report, signed and dated, describing method of investigation, types of wetland and upland soils found and sketch of approximate flag locations - Survey, signed and sealed by a licensed surveyor, shall include locations of flags placed by a qualified soil scientist. The numbers assigned to the flags by the soil scientist are to be clearly identified and survey must be signed by the soil scientist who located the wetland boundaries in the field. Survey must meet the accuracy standard of an A-2 survey. | |

PLEASE SUBMIT WITH COMPLETED APPLICATION:

1. Application fee = \$500 (includes public hearing) plus linear foot fee for map amendment, see §19.5c.
2. Materials as summarized in the Inland Wetlands and Watercourses Regulations of the Town of Branford as applicable

By signing this form, applicant/owner confirms that he/she has read and understands this document, the Town of Branford Inland Wetlands and Watercourses regulations with appendices, and obligations specified in both. The undersigned hereby authorizes the Branford Inland Wetlands Agency and its agents the right to enter upon their property for the purposes of inspection and compliance with the Inland Wetlands and Watercourses Regulations of the Town of Branford. The requester warrants the truth of all statements and supporting documents to the best of his/her knowledge and belief.

<u>APPLICANT:</u>	<u>OWNER:</u> if other than applicant, n/a for regulation amendment
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____ Cell Phone: _____	Phone: _____ Cell Phone: _____
Email: _____	Email: _____

Applicant Signature: _____ **Date:** _____

Owner Signature: _____ **Date:** _____

For Department Use Only

File Number: _____ **Receipt Date:** _____ **Fee Paid:** _____

Action by: _____ **Action Taken:** _____ **Action Date:** _____