

Inland Wetlands Agency

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

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: _____

Plan Signed & Sealed by: _____ **Latest Revision Date:** _____

- This plan is the approved plan on file with the Inland Wetland Agency
- This plan has been modified since Inland Wetland Agency approval; as such I am also requesting a site plan modification approval

Most recent site wetland report: Date: _____ Soil Scientist: _____

APPLICANT:

Name: _____
 Address: _____
 Phone: _____ Cell Phone: _____
 Email: _____

OWNER: applicant is owner, don't fill out if checked

Name: _____
 Address: _____
 Phone: _____ Cell Phone: _____
 Email: _____

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 applicant warrants the truth of all statements and supporting documents to the best of his/her knowledge and belief.

Required: Applicant's Signature: _____ **Date:** _____

Required: Owner Signature: _____ **Date:** _____