



DEPARTMENT OF COMMUNITY SERVICES
 PLANNING DIVISION
 TOWN OF WEST HARTFORD
 50 SOUTH MAIN STREET
 WEST HARTFORD, CT 06107-2431
 TEL: (860) 561-7555 FAX: (860) 561-7504
www.westhartford.org

PERMIT APPLICATION FOR INLAND WETLANDS & WATERCOURSES
ACTIVITY: (check one of the following)

MAP AMENDMENT **REGULATED ACTIVITY**

File # _____ Application Fee _____ Surcharge Fee _____ Date Received _____

Street Address of Proposed Application: _____

Zone: _____ Acreage/Lot Area _____ Parcel/Lot# _____

Applicant's Interest in Property: _____

Brief Description of Proposed Activity: _____

The undersigned warrants the truth of all statements contained herein and in all supporting documents to the best of his/her knowledge and belief. Furthermore, the applicant agrees that submission of this document constitutes permission and consent to Commission and Staff inspections of the site. *Note: Notice is hereby given the Connecticut Department of Public Health must be notified by applicants for any project located within a public water supply aquifer protection area or watershed area. (CTDPH website at <http://www.dph.state.ct.us>)*

Record Owner's Name _____

Applicant's Name _____

Street _____

Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Telephone # _____

Telephone # _____

Contact Person:

Name _____

Applicant's Signature _____

Street _____

Signature of Owner/Authorized Agent _____

City _____ State _____ Zip _____

Telephone # _____ E-Mail _____ :

