

**INLAND WETLANDS APPLICATION
TOWN OF BETHANY**

A. _____ **APPLICATION** permit for: _____
1) Approval for wetlands/watercourse delineation and/or road layout
2) Approval of site plan
3) Activity in, impact to/disturbance of wetland, watercourse, and/or setback area
4) Stormwater Management Plan Review

B. _____ **NOTIFICATION** to P&Z, Building, and/or Health Department that no Stormwater Management Plan is required due to "Area of Disturbance" being less than one acre or waiver granted. (IWWC approval required).

C. _____ **NOTIFICATION** to Public Water Company if in Watershed area.

1) Applicant's Name: _____ Phone: _____

Address: _____ Zip: _____

2) Property Owner (if different from applicant): _____ Phone: _____

(If not owner, attach letter of consent)

Address: _____ Zip: _____

3) Location of Site: _____ **Map:** _____ **Lot:** _____

Zoning: B/I _____ R130____ R65____

Subdivision name: _____

4) Proposed use/activity/alteration: _____

5) Total acreage/dimensions of site: _____

6) Total acreage/dimensions of disturbed soils anticipated on site: _____

7) Amount of material to be Removed: _____ Deposited: _____

8) Total acreage/dimensions of wetlands/watercourse on site: _____

9) Wetlands Impacted (s/f): _____ Upland Review Area Impacted (s/f): _____

10) Type of Foundation: _____

11) Date of SIGNED map (latest revision date only): _____

12) Attach names & addresses of adjoining property owners along with the assessor's map to show location. Are there any easements, restrictive covenants, conservation easements or conservation restrictions related to the property? Yes/No (circle one) Number of Copies _____

13) Estimated time until completion: _____ Cost: \$ _____

14) Name of Liability Insurance: _____

By signing I certify that: 1) I am familiar with all the information provided in the application, and I am aware of the penalties for obtaining permit through deception or through inaccurate or misleading information; ; 2) I grant permission for the Inland Wetlands Commission and Agents to conduct site inspections, at reasonable times, during the pendency of the application and for the life of the permit.

Signed _____ Owner of Record

Signed _____ Applicant (if other than owner)

FOR IWC STAFF USE ONLY

Application # _____	Date Filed _____	Date Received _____
Town Fee Rec'd _____	State Fee Rec'd _____	Check# _____
Fee Waived _____	Appl. Approved _____	or Denied _____

THIS SIDE FOR OFFICE USE ONLY

<u>What's Required?</u>	<u>No</u>	<u>Yes</u>	<u>Rec'd</u>
Owner Authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notification to RWA or Water Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DPH Notification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEP Reporting Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Deed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>