

Incorporated 1787

Conservation Commission

INLAND WETLANDS AND WATERCOURSES APPLICATION

This Application is for a five-year permit to conduct a regulated activity or activities pursuant to the Inland Wetlands and Watercourses Regulations of the Town of Weston ("The Regulations")

PROPERTY ADDRESS: 5 TIFFANY CN
Assessor's Map # Block #
PROJECT DESCRIPTION (general purpose)
Total Acres Total Acres of Wetlands and Watercourses
Acreage of Wetlands and Watercourses Altered Upland Area Altered
Acres Linear Feet of Stream Alteration Total Acres Proposed Open Space
OWNER(S) OF RECORD: (Please list all owners, attach extra sheet if necessary)
Name: CLL ASSET HOUDINGS GO DULIO EGO-AGUIRLE Phone:
Address: 4515 COLE NE #1175, DMLAS, TX 75205
Email: julio @ egoaguirre.com
APPLICANT/AUTHORIZED AGENT:
Name: BRYAN NESTERIAK BAB ENGINEERING Phone: 203.891.8145
Address: 15 RESEALCH Dr. SUITE 3 , WOODBRIDGE, CT 06525
Email: bnebbengrs.com
CONSULTANTS: (Please provide, if applicable)
Engineer: Phone:
Address: Email:
Soil Scientist: Phone:

56 Norfield Road, P.O. Box 1007, Weston, CT 06883 Tel: (203) 222-2618

Address:	Email:
Legal Counsel:	Phone:
Address:	Email:
Surveyor:	Phone:
Address:	Email:
PROPERTY INFORMATION	
Property Address: 5 TIFFANY W	
HOME, SMOID, DLIVEWAY & POOL	of proposed activity (attach sheet with additional
information if needed): SEE ATTACHED.	INSTALL PLANTINGS, MINOL STOME
PLAINAGE IMPLOVEMENTS	
Is this property within a subdivision (circle). Y Square feet of proposed impervious surfaces	
Subject property to be affected by proposed wetlands soils swamp floodplain marsh	d activity contains:
	g within wetlands, watercourse, and/or review
✓ Discharge to☐ Removal of☐ DepMaterials☐ Materials	struction
Amount, type, and location of materials to be LESS THAN 30 CY	e removed, deposited, or stockpiled:
Description, work sequence, and duration of SEE ATTACHED PLAN & LETTER.	activities:
Describe alternatives considered and why the	e proposal described herein was chosen:
Does the proposed activity involve the installation (circle): Yes or No	ation and/or repair of an existing septic system(s)
The Westport/Weston Health District Approva	1: APPLONED IN 2022

ADJOINING MUNICIPALITIES AND NOTICE:

If any of the situations below apply, the applicant is required to give written notice of his/her application to the Inland Wetlands Agency of the adjoining municipality, on the same day that he/she submits this application. Notification must be sent by Certified Mail with Return Receipt Requested.

The property is located within 500 feet of any town boundary line;

A significant portion of the traffic to the completed project will use streets within the adjoining municipality to enter or exit the site;

A portion of the water drainage from the project site will flow through and significantly impact the sewage system or drainage systems within the adjoining municipality; or Water runoff from the improved site will impact streets or other municipal or private property within the adjoining municipality

AQUARION WATER COMPANY

Pursuant to Section 8.4 of the Weston regulations, the Aquarion Water Company must be notified of any regulated activity proposed within its watersheds. Maps showing approximate watershed boundaries are available at the office of the Commission. If the project site lies within these boundaries, send notice, site plan, and grading and erosion control plan via certified mail, return receipt requested, within seven (7) days of submitting application to the Commission, to:

George S. Logan, Director – Environmental Management Aquarion Water Company 714 Black Rock Turnpike Easton, CT 06612

The Commissioner of the Connecticut Department of Public Health must also be notified in the same manner in a format prescribed by that commissioner.

The undersigned, as owner(s) of the property, hereby consents to necessary and proper inspections of the above mentioned property by Commissioners and agents of the Conservation Commission, Town of Weston, at reasonable times, both before and after a final decision has been issued by the Commission.

The undersigned hereby acknowledges to have read the "Application Requirements and Procedures" in completing this application.

The undersigned hereby certifies that the information provided in this application, including its supporting documentation is true and he/she is aware of the penalties provided in Section 22a-376 of the Connecticut General Statues for knowingly providing false or misleading information.

Signature of Owner(s) of Record		Date		
		1/8/2024		
Signature of Authorized Agent		/ Date		
FOR OFFICE USE ONLY				
Administrative Approval	Initials	Date		