



**Connecticut Department of  
Energy & Environmental Protection**  
Bureau of Water Protection & Land Reuse  
Office of Long Island Sound Programs

## Permit Application for Programs Administered by the Office of Long Island Sound Programs

IMPORTANT - Please refer to the instructions (DEP-OLISP-INST-100) for completing this application form to ensure that all required information is provided. Print or type all information within the form, providing additional pages as necessary.

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #:	_____
	_____

### Part I: Permit Type and Fee Information

Check only one of the boxes below identifying the applicable state permit program(s). You must submit the initial fee indicated below with this application.

Type of Permit	Initial Fee
<input type="checkbox"/> Structures, Dredging & Fill CGS sec. 22a-361 [#1085]	\$660.00
<input type="checkbox"/> Structures, Dredging & Fill and 401 Water Quality Certificate [#1632]	\$660.00
<input type="checkbox"/> Structures, Dredging & Fill, and Tidal Wetlands CGS sec. 22a-361 & sec. 22a-32 [#438]	\$660.00
<input type="checkbox"/> Structures, Dredging & Fill, and Tidal Wetlands and 401 Water Quality Certificate [#417]	\$660.00
<input type="checkbox"/> 401 Water Quality Certificate 33 U.S.C. 1341 (For Federal Use Only) [#1195]	None
Note: The fee for municipalities is 50% of the above listed rates. Additional fees based on the water area occupied by the project will be invoiced. The application will not be processed without the initial fee. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection.	
Town where site is located: _____	
Brief Description of Project: _____	

If there are any changes or corrections to your company/facility or individual name, mailing or billing address or contact information, please complete and submit the [Request to Change Company/Individual Information](#) to the address indicated on the form. For any other changes you must contact the specific program from which you hold a current DEEP license. If there is a change in ownership, please contact the Permit Assistance Office for questions concerning license transfers at 860-424-3003.

## Part II: Applicant Information

- *\*If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, registrant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database (CONCORD). ([www.concord-sots.ct.gov/CONCORD/index.jsp](http://www.concord-sots.ct.gov/CONCORD/index.jsp))*
- *If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).*

### 1. Applicant Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Contact Person:

Title:

\*E-mail:

\*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

#### a) Applicant Type (check one):

individual       federal agency       state agency       municipality       tribal

\*business entity (\*If a business entity complete i through iii):

i) check type:  corporation       limited liability company       limited partnership

limited liability partnership       statutory trust       Other: \_\_\_\_\_

ii) provide Secretary of the State business ID #: \_\_\_\_\_ This information can be accessed at database (CONCORD). ([www.concord-sots.ct.gov/CONCORD/index.jsp](http://www.concord-sots.ct.gov/CONCORD/index.jsp))

iii)  Check here if you are **NOT** registered with the Secretary of State's office.

#### b) Applicant's interest in property at which the proposed activity is to be located:

site owner       option holder       lessee

easement holder       operator       other (specify): \_\_\_\_\_

Check if any co-applicants. If so, attach additional sheet(s) with the required information as requested above.

**Note: If the applicant is not the owner, submit written permission from the owner as Attachment B.**

### 2. List billing contact, if different than the applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Contact Person:

Title:

E-mail:

### 3. List primary contact for departmental correspondence and inquiries if different than applicant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Contact Person:

Title:

\*E-mail:

**Part II: Applicant Information (continued)**

**4. List Site Owner, if different than applicant:**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Contact Person:

Title:

E-mail:

**5. List Facility Owner, if different than applicant:**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Contact Person:

Title:

E-mail:

**6. List attorney or other representative, if applicable.**

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Attorney:

Title:

E-mail:

**7. List all engineer(s), surveyor(s) and/or other consultant(s) employed or retained to assist in preparing the application and designing or constructing the activity.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Contact Person:

Title:

E-mail:

Service Provided:

Check if additional Applicant Information sheets are included, and label and attach them to this sheet.

**8. A pre-application meeting with Office of Long Island Sound Program (OLISP) staff is strongly recommended prior to application submission. Please note the meeting date and OLISP staff person's name:**

Staff Name:

Meeting Date:



**Part III: Project Information (continued)**

3. Describe the purpose of, the need for, and intended use of the proposed activities. (For example, private recreational boating, marina, erosion protection, public infrastructure, etc.)

4. Identify and describe all coastal or aquatic resources on the site by checking the appropriate box and describe the expected impact on these resources. You may add addenda as necessary as Attachment M.

Coastal/Aquatic Resources	On-site	Adjacent	Describe Expected Impact
Coastal bluffs and escarpments	<input type="checkbox"/>	<input type="checkbox"/>	
Rocky Shorefront	<input type="checkbox"/>	<input type="checkbox"/>	
Beaches and Dunes	<input type="checkbox"/>	<input type="checkbox"/>	
Intertidal Flats	<input type="checkbox"/>	<input type="checkbox"/>	
Tidal Wetlands	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Water Wetlands and Watercourses	<input type="checkbox"/>	<input type="checkbox"/>	
Estuarine Embayments	<input type="checkbox"/>	<input type="checkbox"/>	
Coastal Hazard Areas	<input type="checkbox"/>	<input type="checkbox"/>	
Developed Shorefront	<input type="checkbox"/>	<input type="checkbox"/>	
Islands	<input type="checkbox"/>	<input type="checkbox"/>	
Near shore Waters	<input type="checkbox"/>	<input type="checkbox"/>	
Offshore Waters	<input type="checkbox"/>	<input type="checkbox"/>	
Shorelands	<input type="checkbox"/>	<input type="checkbox"/>	
Shellfish Concentration Areas	<input type="checkbox"/>	<input type="checkbox"/>	
Wildlife Resources and Habitat	<input type="checkbox"/>	<input type="checkbox"/>	
Benthic (bottom) Habitat	<input type="checkbox"/>	<input type="checkbox"/>	
Indigenous aquatic life, including shellfish and finfish	<input type="checkbox"/>	<input type="checkbox"/>	
Submerged Aquatic Vegetation	<input type="checkbox"/>	<input type="checkbox"/>	

**Part III: Project Information (continued)**

5. Identify whether the proposed activities will impact the following categories. If so, describe the expected impact, adding addenda as necessary as Attachment M.

Categories	Yes	No	Describe Expected Impact
Prevention or alleviation of shoreline erosion and coastal flooding	<input type="checkbox"/>	<input type="checkbox"/>	
Use and development of adjoining uplands	<input type="checkbox"/>	<input type="checkbox"/>	
Use and development of adjacent lands and properties	<input type="checkbox"/>	<input type="checkbox"/>	
Improvement of coastal and inland navigation for all vessels, including small craft for recreational purposes	<input type="checkbox"/>	<input type="checkbox"/>	
Pollution control	<input type="checkbox"/>	<input type="checkbox"/>	
Water quality	<input type="checkbox"/>	<input type="checkbox"/>	
Water circulation and drainage	<input type="checkbox"/>	<input type="checkbox"/>	
Recreational use of public water	<input type="checkbox"/>	<input type="checkbox"/>	
Management of coastal resources	<input type="checkbox"/>	<input type="checkbox"/>	
Public health and welfare	<input type="checkbox"/>	<input type="checkbox"/>	
The protection of life and property from flood, hurricane and other natural disasters	<input type="checkbox"/>	<input type="checkbox"/>	

6. Identify and evaluate any potential beneficial and adverse impacts to:

a. navigation: (include federal and local navigation channels and distance to nearby docks)

b. public access to, and public use of, public trust lands and waters waterward of mean high water:



### Part III: Project Information (continued)

10. After all measures to eliminate or minimize adverse impacts have been incorporated in the proposed project, describe why any adverse impacts that remain should be deemed acceptable by OLISP.

11. a. Is any portion of the work for which authorization is being sought now complete or under construction?

Yes       No      ***If No, skip to question #12.***

b. Specify what parts of the proposed work have been completed or are under construction.

c. Indicate when such work was undertaken or completed. Identify completed portions on the plans submitted.

d. When did you acquire interest in this property?

e. Were you responsible for the unauthorized activity as a result of actions taken before the acquisition of the property?  Yes       No      If Yes, explain.

**Part III: Project Information (continued)**

f. Did you know or have reason to know of the unauthorized activity?  Yes  No If Yes, explain.

g. Is this application associated with an enforcement action pending with DEEP?  Yes  No  
If Yes, explain:

12. Is there or will there be any federal and/or state funding of this project?  Yes  No If Yes, explain.

Check here if additional Project Information sheets are necessary, and label and attach them to this sheet.

**Part IV: Site and Resource Information**

**1. SITE NAME AND LOCATION**

Name of Site :

Street Address or Location Description:

City/Town: State: Zip Code:

Tax Assessor's Reference: Map Block Lot

Latitude and longitude of the exact location of the proposed activity in degrees, minutes, and seconds or in decimal degrees: Latitude: Longitude:

Method of determination (check one):

GPS  USGS Map  Other (please specify):

If a USGS Map was used, provide the quadrangle name:

**2. INDIAN LANDS:** Is or will the facility be located on federally recognized Indian lands?  Yes  No

**3. COASTAL AREA:** Is the project site located in a municipality within the coastal area? (check town list in the instructions)  Yes  No

**4. ENDANGERED OR THREATENED SPECIES:** According to the most current "State and Federal Listed Species and Natural Communities Map", is the project site located within an area identified as a habitat for endangered, threatened or special concern species or located less than 1/2 mile upstream or downstream of such an area?  Yes  No Date of Map:

## Part IV: Site Information (continued)

If yes, complete and submit a *Request for NDDDB State Listed Species Review Form* (DEP-APP-007) to the address specified on the form. **Please note NDDDB review generally takes 4 to 6 weeks and may require additional documentation from the applicant.**

A **copy** of the completed *Request for NDDDB State Listed Species Review Form* and the CT NDDDB response **must** be submitted with this completed application as Attachment C.

For more information visit the DEEP website at [www.ct.gov/dep/nddbrequests](http://www.ct.gov/dep/nddbrequests) or call the NDDDB at 860-424-3011.

5. **AQUIFER PROTECTION AREAS:** Is the site located within a town required to establish Aquifer Protection Areas, as defined in section 22a-354a through 354bb of the General Statutes (CGS)?

Yes     No    To view the applicable list of towns and maps visit the DEEP website at [www.ct.gov/deep/aquiferprotection](http://www.ct.gov/deep/aquiferprotection)

If yes, is the site within an area identified on a Level A map?     Yes     No

If yes, is the site within an area identified on a Level B map?     Yes     No

If your site is on a Level A map, check the DEEP website, [Business and Industry Information \(www.ct.gov/deep/aquiferprotection\)](http://www.ct.gov/deep/aquiferprotection) to determine if your activity is required to be registered under the Aquifer Protection Area Program.

If your site is on a Level B map, no action is required at this time, however you may be required to register under the Aquifer Protection Area Program in the future when the area is delineated as Level A.

6. **SHELLFISH COMMISSION:** Does your town have a shellfish commission?     Yes     No

If yes, you must submit a completed *Shellfish Commission Consultation Form* (DEP-OLISP-APP-101D) with this application as Attachment D.

7. **HARBOR MANAGEMENT COMMISSION:** Does your town have a Harbor Management Commission?

Yes     No

If yes, you must submit a completed *Harbor Management Commission Consultation Form* (DEP-OLISP-APP-101E) with this application as Attachment E.

8. **DEPARTMENT OF AGRICULTURE/BUREAU OF AQUACULTURE:** If the subject site is located in a specific area as explained in Part IV, item 8 of the application instructions (DEP-OLISP-INST-100), you must submit a completed *Department of Agriculture/Bureau of Aquaculture Consultation Form* (DEP-OLIS-APP-101F) as Attachment F.

9. **CONSERVATION OR PRESERVATION RESTRICTION:** Is the property subject to a conservation or preservation restriction?     Yes     No

If yes, proof of written notice of this application to the holder of such restriction or a letter from the holder of such restriction verifying that this application is in compliance with the terms of the restriction, must be submitted as Attachment G.

10. Indicate the number and date of issuance of any previous state coastal permits or certificates issued by DEEP authorizing work at the site and the names to whom they were issued.

<i>Permit/COP Number</i>	<i>Date Issued</i>	<i>Name of Permittee/Certificate Holder</i>
--------------------------	--------------------	---



## Part V: Supporting Documents

The supporting documents listed below must be submitted with the application and labeled as indicated. The specific information required in each attachment is described in the *Instructions for Completing a Permit Application for Programs Administered by the Office of Long Island Sound Programs* (DEP-OLIS-INST-100). Check the box by the attachments listed to indicate that they have been submitted.

- Attachment A: Executive Summary; summarize the information contained in the complete application which must include a description of the proposed regulated activities and a synopsis of the environmental and engineering analyses of the impact of such activities. Include a list of the titles of all plans, drawings, reports, studies, appendices, or other documentation which are attached as part of the application.
- Attachment B: If the applicant is not the owner, submit written permission from the owner as Attachment B.
- Attachment C: **Copy** of the completed *Request for NDDDB State Listed Species Review Form* (DEP-APP-007) **and** the NDDDB response, if applicable.
- Attachment D: *Shellfish Commission Consultation Form* (DEP-OLIS-APP-101D), if applicable.
- Attachment E: *Harbor Management Commission Consultation Form* (DEP-OLIS-APP-101E), if applicable.
- Attachment F: *Department of Agriculture/Bureau of Aquaculture Consultation Form* (DEP-OLIS-APP-101F), if applicable.
- Attachment G: Conservation or Preservation Restriction Information, if applicable.
- Attachment H: *Applicant Compliance Information Form* (DEP-APP-002).
- Attachment I: Provide plans of the project as Attachment I. They must be 8 1/2" x 11" scaled plans of the site and proposed work, with the datum of the measurements noted, including:
  - a. A Vicinity Map;
  - b. A Tax Assessor's Map showing the Map, Block and Lot #, subject property and immediately adjacent properties;
  - c. Plan Views showing existing and proposed conditions, including vessel berthing arrangement, based on a site survey prepared by a licensed surveyor; and
  - d. An Elevation or Cross-Section View showing existing and proposed conditions, including vessel berthing arrangement, based on a site survey prepared by a licensed surveyor.**Please refer to Attachment I of the instructions for identification and discussion of required plan components.**
- Attachment J: Photographs showing existing conditions of the site.
- Attachment K: Abutting or adjacent property owner information; including names and mailing addresses and names and addresses of shellfish bed owners or lessees.
- Attachment L: Applicant Background Information Form (DEP-APP-008) (if applicable).
- Attachment M: Other Information: Any other information the applicant deems relevant or is required by DEEP.
- Attachment N: US. Army Corps of Engineers Consultation Form (DEP-OLISP-APP-101N)

## Part VI: Applicant Certification

The applicant(s) *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered insufficient unless *all* required signatures are provided.

<p>“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</p> <p>I certify that I will comply with all notice requirements as listed in section 22a-6g of the General Statutes.”</p>	
_____ Signature of Applicant	_____ Date
_____ Name of Applicant (print or type)	_____ Title (if applicable)
_____ Signature of Preparer (if different than above)	_____ Date
_____ Name of Preparer (print or type)	_____ Title (if applicable)
<p><input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. You must include signatures of any person preparing any report or parts thereof required in this application (i.e., professional engineers, surveyors, soil scientists, consultants, etc.)</p>	

Note: Please submit the completed Application Form, Fee, and all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT  
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127

Please remember to publish notice of the permit application immediately after submitting your completed application to DEEP. Send a copy of the notice to the chief elected official of the municipality in which the regulated activity is proposed, and provide DEEP with a copy of the notice, as described in the instructions, attached to a completed “Certification of Notice Form (DEP-APP-005A)”.