



Connecticut Department of
 Energy & Environmental Protection
 Bureau of Water Protection & Land Reuse
 Inland Water Resources Division

Request for Authorization Form for the General Permit for Water Resource Construction Activities

Please complete this form in accordance with the [general permit](#) (DEEP-IWRD-GP-013) to ensure the proper handling of your request. Print or type unless otherwise noted. You must submit the fee along with this completed form.

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #:	_____
Program: GP IWRD Construction Activities	

Part I: Request and Fee Type

Check the appropriate box identifying the request type.

<input type="checkbox"/> \$5000 [#1757] for each Request for Authorization for Section 3(a)(1), (a)(2), (a)(3), (a)(4), (a)(5), (a)(6), or (a)(7) activities under the subject general permit, unless you qualify as one of the following: <input type="checkbox"/> \$2500 for any municipality <input type="checkbox"/> \$2500 for electronic filing*	<input checked="" type="checkbox"/> \$2500 [#1758] for each Request for Authorization for Section 3(a)(8) or 3(a)(9) activities under the subject general permit, unless you qualify as one of the following: <input type="checkbox"/> \$1250 for any municipality <input type="checkbox"/> \$1250 for electronic filing*
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**In order to file electronically, ALL supporting documents under Part VI of this application must be submitted in an electronic format on a CD, along with this original completed application in hard copy.*

The request will not be processed without the 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:

Part II: Requestor Information

- If a requester 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, requester'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)
- If a requester 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.).
- If there are any changes or corrections to your company/facility or individual 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. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Planning and Program Development (OPPD) at 860-424-3003. For any other changes you must contact the specific program from which you hold a current DEEP license.

1. Requester Name: Connecticut Department of Transportation

Mailing Address: 2800 Berlin Turnpike

City/Town: Newington

State: CT

Zip Code: 06131-7546

Business Phone:

ext.:

Contact Person: Mark W. Alexander

Phone: 860-594-2931 ext.

E-mail: mark.w.alexander@ct.gov

*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject request. 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) Requester 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)

iii) Check here if your business is **not** registered with the Secretary of State's office.

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

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

site owner option holder lessee easement holder operator

other (specify): _____

Part II: Requestor Information (continued)

2. Billing contact, if different than the requester.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Contact Person:

Title:

Email:

3. Primary contact for departmental correspondence and inquiries, if different than the requester.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Contact Person:

Title:

Email:

*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject request. 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.

4. Attorney or other representative, if applicable:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Attorney:

Email:

5. Site Owner, if different than the requester.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Contact Person:

Title:

Email:

Part II: Requestor Information (continued)

6. Engineer(s) or other consultant(s) employed or retained to assist in preparing the request or in designing or constructing the activity.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Contact Person:

Title:

Email:

Service Provided:

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

Part III: Site 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 BOUNDARY:** Is the activity which is the subject of this registration located within the coastal boundary as delineated on DEEP approved coastal boundary maps? Yes No

If yes, and this registration is for a new authorization, or a modification of an existing authorization where the physical footprint of the subject activity is modified, you must submit a [Coastal Consistency Review Form](#) (DEEP-APP-004) with your registration as Attachment C.

Information on the coastal boundary is available at www.cteco.uconn.edu/map_catalog.asp (Select the town and then select coastal boundary. If the town is not within the coastal boundary you will not be able to select the coastal boundary map.) or the local town hall or on the "Coastal Boundary Map" available at DEEP Maps and Publications (860-424-3555).

Part III: Site Information (continued)

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? Yes No Date of Map:

If yes, complete and submit a [Request for NDDDB State Listed Species Review Form](#) (DEEP-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 registrant.**

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

For more information visit the DEEP website at www.ct.gov/deep/nddbrequest or call the NDDDB at 860-424-3011.

5. **AQUIFER PROTECTION AREAS:** Is the site located within a mapped Level A or Level B [Aquifer Protection Area](#), as defined in CGS section 22a-354a through 22a-354bb?

Yes No If **yes**, check one: Level A or Level B

If **Level A**, are any of the [regulated activities](#), as defined in RCSA section 22a-354i-1(34), conducted on this site? Yes No

If **yes**, and your business is **not** already registered with the Aquifer Protection Program, contact the [local aquifer protection agent](#) or DEEP to take appropriate actions.

For more information on the Aquifer Protection Area Program visit the DEEP website at www.ct.gov/deep/aquiferprotection or contact the program at 860-424-3020.

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

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

Part IV: Construction Activity Details

1. Proposed Date of Initiation of Activity: _____
2. Anticipated Date of Completion: _____
3. Name of the wetland or watercourse involved with or adjacent to the subject activity:

4. Is the subject activity within a watercourse or floodplain? Yes No
5. Will the subject activity be within a FEMA floodway? Yes No
6. If the project requires a Flood Management Certification for the subject activity, provide the Flood Management Certification Number: _____

Part IV: Construction Activity Details (continued)

7. Disturbance to wetlands, watercourses and flood plains:

Wetlands (acres):

excavation: _____ fill: _____ total disturbance: _____

Floodplain (cubic yards):

excavation: _____ fill: _____ net: _____

Watercourse (linear feet): _____

8. Describe the present and intended use(s) of the property at which the subject activity will be conducted and the reason for conducting or maintaining the activity.

9. Describe all natural and manmade features impacted by the subject activity, including wetlands, watercourses, fish and wildlife habitat, floodplains, and structures and appurtenances thereto, and the impact of the subject activity on such features.

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

Part V: Supporting Documents

Check the applicable box below for each attachment being submitted with this request. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the requester's name as indicated on this request. ***In order to file electronically, ALL supporting documents must be submitted in an electronic format on a CD with this original completed application in hard copy.***

- Attachment A: Location Map: A depiction, on an 8.5" x 11" copy of the relevant portion of the most recent version of the United States Geologic Survey topographic map (Scale 1:24,000), of the exact location of the property at which such activity will be conducted.
- Attachment B: Site plan pursuant Section 4(c) (2) (I) of the subject general permit.
- Attachment C: [Coastal Consistency Review Form](#) (DEEP-APP-004), if applicable.
- Attachment D: Copy of the completed *Request for NDDB State Listed Species Review Form* (DEEP-APP-007) and the NDDB response, if applicable.
- Attachment E: Conservation or Preservation Restriction Information, if applicable.
- Attachment F: A copy of the Category 2 approval letter from the Army Corps of Engineers, or a copy of the Appendix 1A: Category 1 Certification Form filed with the US Army Corps of Engineers, if applicable.
- Attachment G: Drainage Maintenance Plan, Trail Maintenance Plan, Boat Launch Maintenance Plan, or Beach Maintenance Plan for Inland Beaches as defined in Section 2 of the subject general permit, if applicable.
- Attachment H: Other information provided by requester (list): _____

Part VI: Requester Certification

The requester *and* the individual(s) responsible for actually preparing the request must sign this part. A request will be considered incomplete unless all required signatures are provided. If the requester is the preparer, please mark N/A in the spaces provided for the preparer.

<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 certify that this general permit request for authorization is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</p> <p>I understand that the subject activity is authorized only on or after the date the commissioner issues a written approval of registration with respect to such activity.</p> <p>I certify that a complete copy of this request for authorization, including all documents attached thereto, was sent by regular or certified mail or was hand delivered to the municipal wetlands agency, zoning commission, planning commission or combined planning and zoning commission, and conservation commission of each municipality which is or may be affected by the subject activity.</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>	
<hr/> Signature of Requester	<hr/> Date
<hr/> Name of Requester (print or type)	<hr/> Title (if applicable)
<hr/> Signature of Preparer (if different than above)	<hr/> Date
<hr/> Name of Preparer (print or type)	<hr/> 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 registration (i.e., professional engineers, surveyors, soil scientists, consultants, etc.)</p>	

Note: Please submit this completed Request for Authorization, Fee, and all Supporting Documents to:

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

You must submit a complete copy of this completed request for authorization, including supporting documents, to the municipal wetlands agency, zoning commission, planning commission or combined planning and zoning commission, and conservation commission of each municipality which is or may be affected by the subject activity.