

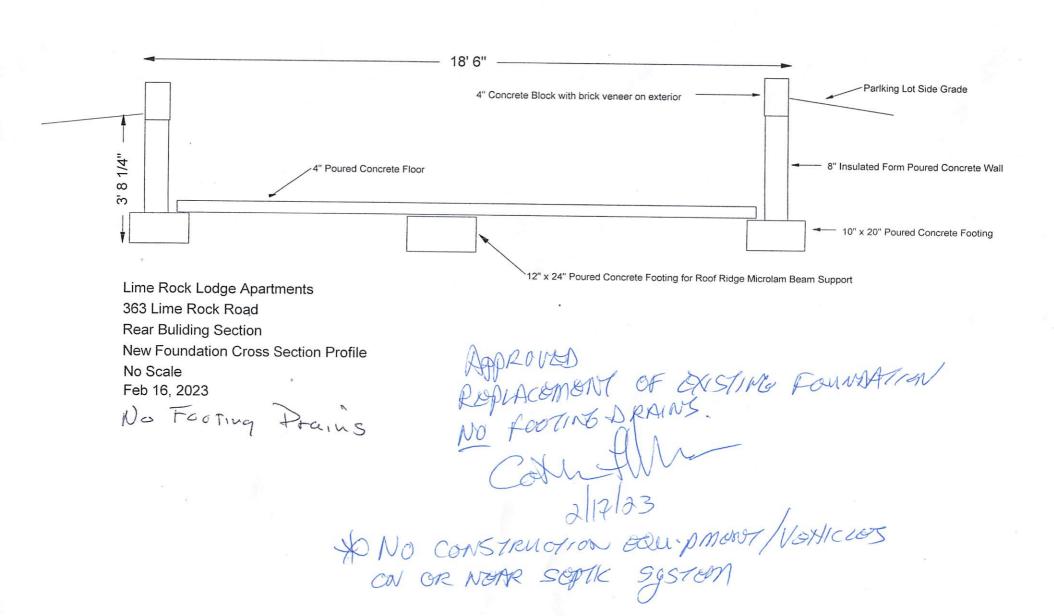
Conservation Commission

Town of Salisbury, Conservation Commission, Application for Regulated Activity Permit

1)	Applicants name: Robert Palmer			
2)	Applicants home address: 358 Indian Cave Rd			
3)	Applicants business address: NA			
4)	Applicants Home Phone #: 860 435 07 05 Business Phone #: 10A			
5)	Owner of property: Name: Robert C Palmer Address: Po Box 21 Salisbury CT 0608 Phone #: 203 723 CVZ			
Signatu	Phone #: 203 733 0621 are of property owner consenting to this application:			
6)	Applicants interest in the land: $\omega \omega \kappa e r$			
7)	Geographical location of property: 363 Lime Rock RL			
	Description of the land: & unit Apartment building			
	Computation of wetland area or watercourse disturbance: $40^{\circ} \times 65^{\circ} = 2,600 S_{E} F +$			
8)	Purpose and description of the proposed activity: Replace existing Foundation under rear section of the building and add a dormer to rear section of the build			
9)	Alternatives considered by applicant: Raze building Section eliminating 2 affordable apartment			
	Why this proposal to alter wetlands was chosen: Building exists and is worthy of rencoation			
10)	Site plan showing existing and proposed conditions in relation to wetlands and watercourses: (Attach map and plans to application)			
11)	Names and addresses of adjacent property owners:			
	North: State of CT-RT 112 South: Mary Fellows 13 & 13 A Forge Lane East: Forge Lane West: Town of Salisbury - Salmon Creek			

12)	Certification that the applicant is familiar with all the information provided in the applicand is aware of the penalties for obtaining a permit through inaccurate or misleading information:				
		Signati	ire: Kut (Valer		
13)	Authorization for the commissioners and agents of the Commission to inspect the preasonable times, both before and after a final decision has been issued: Signature:				
		_			
14)	D	DEEP Reporting Form 22A-39-14 provided by applicant (Rev. 3/2013)			
15)		Any other information the Commission deems necessary to the understanding of what the applicant is proposing:			
16)	Se	Section 7.6 Requirements, if stipulated by agent			
17)	Fi	Filing Fee: As defined in current Regulations			
18)	Se	For activities involving a significant activity as determined by the Commission and defined in Section 2 of the regulations the provisions of Article 7.6 must be submitted with the application. (Attach documents).			
19)	re	If the affected property is within 500 feet of an adjacent municipality the applicant is responsible for providing documentation that the provisions of 8.9 of the regulations have been satisfied: (Attach documents).			
DA	TE FIL	ED: 2	120/23		
DA	TE REC	CEIVED I	BY COMMISSION: 2/27/23		
AC	TION:	a)	INSIGNIFICANT ACTIVITY		
		COND	TIONS:		
			DATE OF APPROVAL: SIGNIFICANT ACTIVITY Pd 43 \$250		
		b)	SIGNIFICANT ACTIVITY		
			PUBLIC HEARING DATE:		
			PUBLIC HEARING DATE + 65 DAYS:		
CH	ECK LI	ST:			
A.	PUBLI	C NOTIC	E: DATES PUBLISHED:		
B.	PROOF THAT APPLICANT HAS MAILED COPIES OF PUBLIC NOTICE TO ABUTTING PROPERTY OWNERS:				

C. PROOF OF PROVISIONS OF SECTION 8.2 (IF APPLICABLE):





Sanitarian:

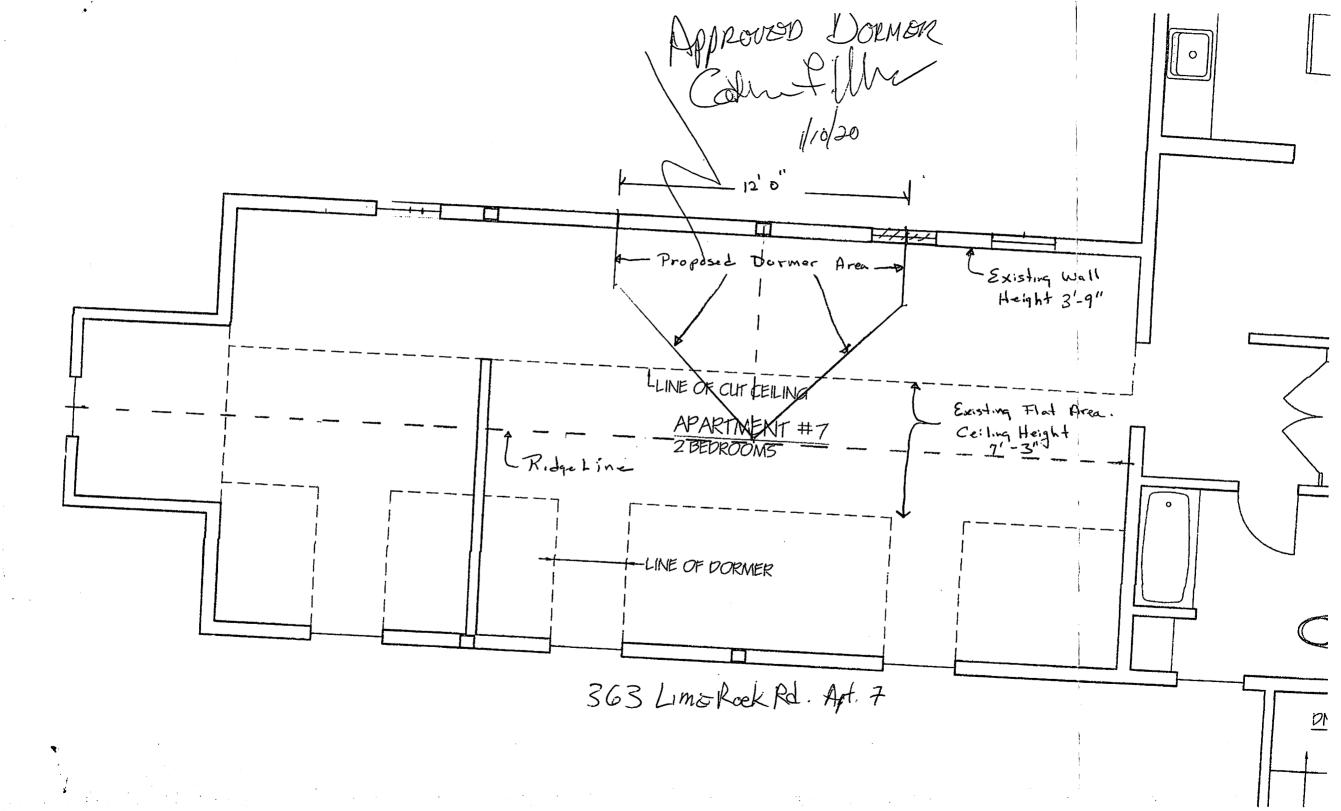
TORRINGTON AREA HEALTH DISTRICT

350 Main Street * Suite A * Tombigon, Connection 66790 Prone (860) 453-0456 * Fat (860) 496-2043 * Extist info@ubbloog * Web Address own shidog

Addition / Accessory Structure Application

This is not a building permit. You must obtain a permit from the Building Inspector prior to any construction. Information Supplied By: Septic Sytem Designed By: Dimensions of Addition: Lot Size: Dormer on rear real in Living Room Description of Addition The application must be accompanied by a check made payable to TAHD in the amount of: ACCESSORY STRUCTURE: \$35.00 HABITABLE STRUCTURE: \$55.00 WELL AND SANITARY SEWER: \$35.00 CODE COMPLIANCE STUDY (B100a): \$150.00 (Returned Check Fee on any item: \$25.00) Application must be accompanied by a SKETCH (on back) showing the relative distances from the proposed addition/structure to the well and septic system. Sketch must be signed by applicant. Application Date: 1-10-20 Signature of Applicant. TAHD USE ONLY BELOW LINE APPROVED DENIED Existing Records? Septic Permit Number: ☐ B100a study required field investigation NO ADDITIONAL BEDROOMS

Decision Date:



Town of SalisburyGeographic Information System (GIS)

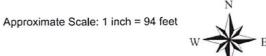


Date Printed: 2/16/2023



MAP DISCLAIMER - NOTICE OF LIABILITY

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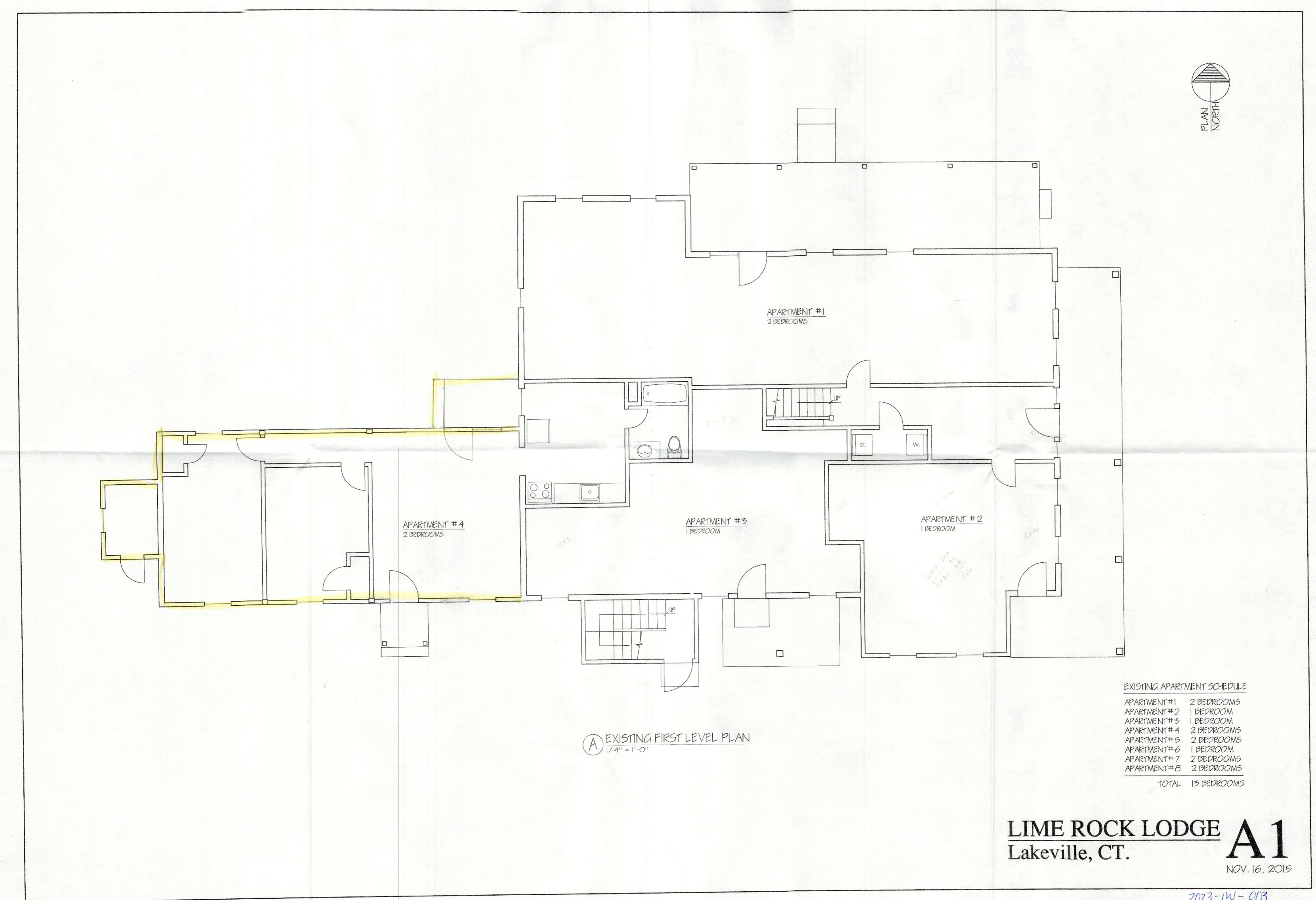


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