

TOWN OF SOUTHTON
Conservation Commission

MUNICIPAL CENTER, 196 NORTH MAIN STREET
SOUTHTON, CT 06489
PHONE: (860) 276-6248 FAX: (860) 628-3511



FEE: See fee schedule

**APPLICATION FOR INLAND WETLANDS AND
WATERCOURSES MAP AMENDMENT**

Date: _____

MA # _____

Applicant: (please print)

Owner: (please print)

Telephone: (_____) _____

Telephone: (_____) _____

Email: _____

Email: _____

Soil Scientist: (please print) _____

Address: _____

Qualifications (check one): "A" _____ or "B" _____

Location of property: _____

Lot number shown on Tax Assessor's Map: _____ Parcel _____

Is any portion of the property within 500 ft. of a Town boundary? _____

Provide 7 sets of the proposed boundary changes drawn directly on a copy of the Southington Wetlands Map using short dashes for proposed boundaries and "x" out proposed eliminations of existing boundaries.

Provide one copy of the detailed report of the soil scientist.

Signature of Applicant/Owner/Agent: _____

*No fee if amendment is part of a permit fee under Section 17.1