APPLICATION FOR CHANGE OF INLAND WETLANDS REGULATIONS OR BOUNDARY
INLAND WETLANDS AND WATERCOURSES COMMISSION
Sprague, Connecticut

APPLICANT: ______________________________________ Application No._________________
Date of Receipt:__________________
ADDRESS OF APPLICANT: ______________________________________
PHONE NUMBER: ______________________________________

APPLICATION FOR (Check appropriate box):

___________ Change of Inland Wetlands Regulations
(Attach description of change desired, noting affected section of Regulations.)

___________ Change of Official Inland Wetlands and Watercourses Map
(Attach map showing present designation and proposed change.)

*******************************************************************************
(To be completed by the Commission)
Application No.: ____________________
Date of Receipt: ____________________
Fee Paid: _________________________
*******************************************************************************

*******************************************************************************
(To be completed by the Commission)
Date of Public Hearing: __________________________
Date of Commission Action: ________________________
Action: _____________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

__________________________________________
Signature of Chairman or Secretary of Commission

Application fee--------------------------------------- Please see attached fee schedule

Revised 8/2010