

APPLICATION FOR PERMIT EAST LYME INLAND WETLANDS AGENCY

		Use Only	
	Fee Paid \$\\$060.00 Date Submitte	8/15/22	Application #
	Date of Receipt Date Approve	d	Permit Number
	Major Impact: YES NO Public Hearin	g: YES NO Age	nt Approved: YES NO
	ote: In accordance with the Inland Wetland and W plication materials must be submitted.	atercourses Regula	tions, Eleven (11) copies of all
1.	SITE LOCATION (Street) and Description:190, 1 #190 - 26.3/14, #196 - 26.3/15, #20 Assessor's Map Lot #)2 - 26.3/16	ad
	Note: It is the applicant's responsibility to provide the correct site land in sufficient detail to allow identification of the inland wetle watercourses to be disturbed, soil type(s), and wetland vegetation.	address, map/lot numbe nds and watercourses, the	r for the legal notice. Provide a description of the area(s) (in acres or square feet) of wetlands an
2.	APPLICANT: Jack Belowich, Atlantis Managemen	t Group	
	Address: 555 South Columbus Avenue, Suite 201,	Phone:	914-699-9500
	Mount Vernon, NY 10550	Fax:	
	Business: Convenience Store		917-209-5720
			jbelowich@atlantismgmt.com
	Applicant's interest in the land: Owner		
	**If the applicant is a Limited Liability Corporation or a Conname, address, and telephone number.	poration provide the man	aging member's or responsible corporate officer'.
3.	OWNER: #190 & 196 - Jack Belowich, Atlantis Rea	al Estate LLC, #202 -	Jack Belowich, AMG Pub II, LLC
	Address: 555 South Columbus Avenue, Suite 201,	Phone:	914-699-9500
	Mount Vernon, NY 10550	 Fax:	
	Email:jbelowich@atlantismgmt.com		917-209-5720
	**As the legal owner of the property listed on this application, I members and agents of the Agency to inspect the subject land, at the permit.	vereby consent to the propo easonable times, during th	used activities. And I hereby authorize the the pendancy of the application and for the life of
	Owners Printed Name: JACK BELOW	ICH	
	Owners Printed Name: JACK BELOW Owners Signature: Oack Bold	wick_	Date: 7/21/22



APPLICATION FOR PERMIT EAST LYME INLAND WETLANDS AGENCY

		Office Us	e On	ly	
	Fee Paid	Date Submitted_			Application #
	Date of Receipt	Date Approved _			Permit Number
	Major Impact: YES NO	Public Hearing:	YES	NO	Agent Approved: YES NO
	ote: In accordance with the Inland V		cour	ses Re	egulations, Eleven (11) copies of all
1.	SITE LOCATION (Street) and Descri #190 - 26.3/14, #19 Assessor's Map Lot	96 - 26.3/15, #202 -	26.3/	16	
	Note: It is the applicant's responsibility to pre land in sufficient detail to allow identification watercourses to be disturbed, soil type(s), and	of the inland wetlands	ress, m and we	eap/lot i atercours	number for the legal notice. Provide a description of ses, the area(s) (in acres or square feet) of wetlands
2.	APPLICANT:Jack Belowich, Atlan	itis Management Gi	oup		
	Address:555 South Columbus Aven	ue, Suite 201,		Pho	ne: 914-699-9500
	Mount Vernon, NY 10550			Fax:	
	Business: Convenience Store			Cell:	917-209-5720
	-			Ema	nil:jbelowich@atlantismgmt.com
	Applicant's interest in the land: Own	ier			
			tion pr	rovide th	ne managing member's or responsible corporate office
3.	OWNER: #190 & 196 - Jack Below	ich, Atlantis Real Es	state I	LC, #2	202 - Jack Belowich, AMG Pub II, LLC
	Address: 555 South Columbus Avenu	ue, Suite 201,		Phor	ne: 914-699-9500
	Mount Vernon, NY 10550				
	Email: _jbelowich@atlantismgmt.com				917-209-5720
	**As the legal owner of the property listed on members and agents of the Agency to inspect the the permit.	this application, I hereb he suhject land, at reason	i consei iable ti	nt to the mes, dur	proposed activities. And I hereby authorize the ring the pendancy of the application and for the life of
	Owners Printed Name:	(BELCHIE	H		
	Owners Signature:	ch Pallow	ri k	2.	DOM: PROVINCE
J\La	and Use Department Forms\Inland Wetland Forms 20		012.doc	Reviewe	and Updated/as of 3/21/2014 11:24 AM JUL 2 5 2022

TOWN OF EAST LYME LAND USE

4.	Area of wetland to be disturbed: sq. ft. or ac
	Area of watercourse to be disturbed: O sq. ft. or ac
	Upland review area to be disturbed: 40,770 +/- sq. ft. or ac
5.	Will fill be needed on site? Yes No If yes, how much fill is needed? 1,500 +/- Cubic yards The property contains (circle one or more)
	WATERCOURSE WATERBODY WOODED-WETLAND SWAMP
	FLOODPLAIN OTHER:
	Description of soil types on site: See attached Inland Wetland delineation report by Davison Environmental
	Description of wetland vegetation: See attached Inland Wetland delineation report by Davison Environmental
	Name of Soil Scientist(s) and date of survey: _Eric Davison, Davison Environmental, 11/23/2021
6.	Provide a written narrative of the purpose and a description of the proposed activity and proposed erosion and sedimentation controls and other best management practices and mitigation measures which may be considered as a condition of issuing a permit for the proposed regulated activity including, but not limited to, measures to (1) prevent or minimize pollution or other environmental damage, (2) maintain or enhance existing environmental quality, or (3) in the following order of priority: restore, enhance and create productive wetland or watercourse resources. Depending on the complexity of the project, include the following: construction schedule, sequence of operations, drainage computations with pre and post construction runoff quantities and runoff rates, plans clearly showing the drainage areas corresponding to the drainage computation, existing wetland inventory and functional assessment, soils report, construction plans signed by a certified soils scientist, licensed surveyor, and licensed professional engineer.
7.	Provide information of all alternatives considered. List all alternatives which would cause less or no environmental impact to wetlands or watercourses and state why the alternative as set forth in the application was chosen. All such alternatives shall be diagramed on a site plan or drawing. (Attach plans showing all alternates considered).
	See attached alternatives plan.
8.	Attach a site plan showing the proposed activity and existing and proposed conditions in relation to wetlands and watercourses and identifying any further activities associated with, or reasonably related to, the proposed regulated activity which are made inevitable by the proposed regulated activity and which may have an impact on wetlands and watercourses.
9.	Provide the name and mailing addresses of adjacent landowners (including across a street). Attach additional sheets if necessary.
	Name/Address: See attached list of adjacent landowners (including across the street)
	Name/Address:
	Name/Address:

		Erosion Control Agent (Person Responsible opher Gagnon PE	for Compliance):
	Address:	BL Companies, Inc 355 Research Pkwy Meriden, CT 06450	Phone: _203-630-1406 Fax:
	Email:	cgagnon@blcompanies.com	Cell:
12		ware of any wetland violations (past or prese	
	If yes, ple	ase explain:	
13	. Are there	any vernal pools located on or adjacent (with	nin 500') to the property? Yes No
14	. For proje Engineers	cts that do not fall under the ACOE Categor	y I general permit – Have you contacted the Army Corps of
		17	
15.	. Is this pro	ject within a public water supply aquifer pro	tection area or a watershed area? Yes No
	If so, hav		necticut Department of Public Health and the East Lyme Wat
16.	If so, have and Sewer	e you notified the Commissioner of the Cont Department? Yes No (Proof of notification	necticut Department of Public Health and the East Lyme Water must be submitted with your application). dule established in Section 19 of the Regulations.
<i>16.</i> 17.	If so, hav and Sewer Attach the Fee:\$1	e you notified the Commissioner of the Content of Proof of notification e appropriate filing fee based on the fee sche (Make checks payable to 'Town of the Content of th	necticut Department of Public Health and the East Lyme Water must be submitted with your application). dule established in Section 19 of the Regulations.
16. 17. 18.	If so, have and Sewer Attach the Fee: \$1 PUBLIC hearing date of the serion of the ser	e you notified the Commissioner of the Control Department? Yes No (Proof of notification e appropriate filing fee based on the fee sche (Make checks payable to 'Town of the HEARINGS ONLY: The applicant must protee.	necticut Department of Public Health and the East Lyme Water must be submitted with your application). dule established in Section 19 of the Regulations. East Lyme"). East Lyme"). Evide proof of mailing notices to the abutters prior to the
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10. Attach a completed DEP reporting form.