



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

LWRD License Application Pre-Submission Consultation Form Shellfish Commission

You need to complete and submit this form only if your town has a [Shellfish Commission](#).

To the applicant - Prior to the submission of your license application to the Connecticut Department of Energy and Environmental Protection (DEEP) Land & Water Resources Division (LWRD), please complete Part I, below, and submit this form to your local shellfish commission (contact the town for the appropriate contact person) with a location map of your site and project plans. Once the commission returns the completed form to you, please submit it along with your license application to DEEP.

Part I: *To be completed by APPLICANT*

1. Applicant/Registrant Information

Name: _____
Mailing Address: _____
City/Town: _____ State: _____ Zip Code: _____
Business Phone: _____ Ext.: _____
Contact Person: _____ Title: _____
Business Phone: _____ Ext.: _____
E-mail: _____

2. Engineer/Surveyor/Agent Information (list as applicable)

Name: _____ Title: _____
Mailing Address: _____
City/Town: _____ State: _____ Zip Code: _____
Business Phone: _____ Ext.: _____
Contact Person: _____ Title: _____
Business Phone: _____ Ext.: _____
E-mail: _____
Service Provided: _____

3. Site Location:

Name of Site : _____
Street Address: _____
City/Town: _____ State: _____ Zip Code: _____
Tax Assessor's Reference: Map _____ Block _____ Lot _____
Name of Waterbody: _____

4. Confirm location map and site plans are attached.

Date of plans: _____

5. Provide or attach a brief, but thorough description of the project.

Part II: To be completed by SHELLFISH COMMISSION

This consultation form is required to be submitted as part of an application for a Structures, Dredging & Fill license (Connecticut General Statutes (CGS) Section 22a-361) and/or Tidal Wetlands license (CGS Section 22a-32) to DEEP LWRD. The application has not yet been submitted to DEEP. Please review the enclosed materials and determine whether the project will significantly impact shellfish beds. You may also provide comments or recommendations regarding the proposal. Should you have any questions regarding this process, please call DEEP LWRD at 860-424-3019. **Please return the completed form to the applicant within 60 days of receipt or no adverse impact will be assumed. Do not send a copy of the form directly to DEEP as it is difficult to track without an application number.**

SHELLFISH COMMISSION DETERMINATION:

Project located on (check one): natural bed state bed local bed none
 other, please specify:

If project is located upon a franchised or leased shellfish bed, please provide the owner or lessee's contact information below.

Check one of the following:

- I have determined that the work described in Part I of this form and attachments **WILL NOT** adversely impact a shellfish area.
- I have determined that the work described in Part I of this form and attachments **WILL** adversely impact a shellfish area. A summary of the Shellfish Commission's project-specific concerns/comments is described below or attached.

COMMENTS/RECOMMENDATIONS (check the box if attached:):

Signature of Commission Representative

Date

Print Name of Commission Representative

Title