

## LWRD License Application Pre-Submission Consultation Form

## **U.S. Army Corps of Engineers**

**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 and submit this form to the U.S. Army Corps of Engineers (USACE), Regulatory Division, Attn: Chief, Branch B, CT/RI, 696 Virginia Road, Concord, MA 01742, with a location map of your site and project plans. Once the USACE returns the completed form to you, please submit it along with your license application to DEEP.

Part I: To be completed by APPLICANT

Turk To be completed by All I zie/litt			
1.	Applicant/Registrant Information		
	Name:		
	Mailing Address:		
	City/Town:		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 USACE

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 with regard to the USACE review process pursuant to Section 10 of the Rivers and Harbors Act of 1899 and Section 404 of the Clean Water Act; and provide any comments or recommendations you may have with regard to this proposal. Please call LWRD at 860-424-3019 if you have any questions. Please return the completed form to the applicant.			
COMMENTS/RECOMMENDATIONS:			
USACE Application number:			
Signature of Project Manager Date			
Printed Name of Project Manager			