



**Part I: License Type and Fee Information (continued)**

Type of License	Program Form	Fee	DEEP USE ONLY
<b>For Federal Agency Activities Only:</b>			
<input type="checkbox"/> Section 401 Water Quality Certificate (Tidal)	C	None	[#1186]
<b><u>Licenses for Activities in Non-Tidal Waters</u></b>			
<input type="checkbox"/> Section 401 Water Quality Certificate (Individual) <sup>3</sup>	L	None	[#1195]
<input type="checkbox"/> Pre-Construction Notification, USACE General Permits for CT <sup>3</sup>	L	None	[#1188]
<input type="checkbox"/> Inland Wetlands and Watercourses <sup>4</sup>	L	None	[#365]
<input type="checkbox"/> Inland Wetlands and Watercourses <sup>4</sup> and WQC <sup>3</sup>	L	None	[#2225]
<sup>3</sup> For activities requiring a Sec.404 Permit from USACE.			
<sup>4</sup> For State Agency Activities OR Activities Conducted on State Owned/Controlled Lands.			
<b>For State Agency Activity Conducted on State Owned/Controlled Lands Only:</b>			
<b><u>General Permit Registration for Water Resources Construction Activities</u></b>			
<input type="checkbox"/> Activities 1-4: Maintenance Plans	M	\$2,500	[#2243]
<input type="checkbox"/> Activities 5-7: Infrastructure and Public Works Projects	N	\$2,500	[#2244]
<input type="checkbox"/> Activity 8: Activities Authorized Under a Corps General Permit (Must be submitted after receiving PCN approvals and Flood Management, if applicable.)	O	\$1,250	[#2245]
<input type="checkbox"/> Activity 9: Conservation Activities	O	\$1,250	[#2246]
<b>Additional Licenses for Activities</b>			
<b><u>These licenses may be combined with Tidal or Non-Tidal Waters licenses.</u></b>			
<b><u>Water Diversion – Non-consumptive</u></b>			
<input type="checkbox"/> Watershed < 0.5 sq. mi.	L	\$2,050	[#457]
<input type="checkbox"/> Watershed ≥ 0.5 sq. mi and < 2.0 sq. mi.	L	\$4,000	[#456]
<input type="checkbox"/> Watershed ≥ 2.0 sq. mi.	L	\$6,250	[#455]
<b><u>For State Agency Activity/Activities Receiving Funding Through a State Agency:</u></b>			
<input type="checkbox"/> Flood Management Certification	P	None	[#1185]
<input type="checkbox"/> Flood Management Certification with Exemption Request	P	None	[#1185]
Fee from Attachment A, if applicable			
<b>Total</b>			

\*For processing purposes, the terms Application and Applicant are synonymous with the terms Registration and Registrant.

<p>In addition to applicable boxes above, check here if your application is:</p> <p><input type="checkbox"/> eligible for a municipal 50% discount;</p> <p><input type="checkbox"/> for work in tidal waters and being submitted pursuant to CGS section 22a-361(a)(2)(d) to address a violation; or</p> <p><input type="checkbox"/> receiving state funding including federal funding administered by the state (to help determine need for Flood Management Certification); or</p> <p><input type="checkbox"/> being submitted by a state agency, therefore the fee will be paid by Inter-Agency Transfer of Funds. State Agencies should submit the registration or application package without the registration/application fee.</p>
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## Part II: Project and Site Information

1a. **Project:** Provide a brief description of project/activity/work: \_\_\_\_\_

### 1b. Site Name and Location

Name of Site: \_\_\_\_\_

Address of Site: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parcel Location/Tax Assessor's Reference: Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

GPS Coordinates/Latitude and Longitude: Provide the exact location of proposed activity, in degrees/minutes/seconds or in decimal degrees: Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Parcel/Easement size: If the project is located on a parcel, indicate parcel acreage: \_\_\_\_\_ acres

If the project is located on a utility/transportation right-of-way or easement, indicate dimensions or acres: \_\_\_\_\_

## Part III: Applicant Information

- If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, they must be registered with the Secretary of State. If applicable, the applicant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database (CONCORD) at [portal.ct.gov/SOTS](http://portal.ct.gov/SOTS).
- If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).
- Once an authorization has been received, if there are any changes or corrections to your company/facility or individual mailing or billing address or contact information, please complete and submit the [Request to Change Company/Individual Information](#) to the address indicated on the form.

### 1. Applicant/Registrant\* Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

E-mail Address†: \_\_\_\_\_

†Email is Required. By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.

If co-applicant(s), check this box and attach co-applicant information as Attachment B following this form.

a) Applicant Type (check one):

individual       federal agency       state agency       municipality       tribal

business entity (if a business entity, complete i through iii below):

i) business type:  corporation       limited liability company       limited partnership  
 limited liability partnership       statutory trust       Other: \_\_\_\_\_

ii) provide Secretary of the State business ID #: \_\_\_\_\_

This information can be accessed at database (CONCORD): [portal.ct.gov/SOTS](http://portal.ct.gov/SOTS)

iii)  check here if your business is **NOT** registered with the Secretary of State's Office.

\*For processing purposes, the terms Application and Applicant are synonymous with the terms Registration and Registrant.

**Part III: Applicant Information (continued)**

b) Applicant's interest in property at which the proposed activity is located:

- site owner             option holder             lessee             facility owner  
 easement holder     operator             other (specify): \_\_\_\_\_

**2. List billing contact, if different than the applicant:**

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

**3. Primary contact for departmental correspondence and inquiries if different than applicant:**

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

**4. Site/Property Owner\*, if different than applicant:**

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

**\*If the applicant is not the owner, submit written permission from the owner as Attachment C**

**5. Facility Owner, if different than applicant:**

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

**6. Facility Operator, if different than applicant:**

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

### Part III: Applicant Information (continued)

#### 7. Attorney or other representative, if applicable.

Firm Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Ext.: \_\_\_\_\_

Attorney: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

#### 8. Engineer(s), surveyor(s) and/or other consultant(s) employed or retained to assist in preparing the application and designing or constructing the activity.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Ext.: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Service Provided: \_\_\_\_\_

### Part IV: Pre-Application Coordination

If pre-application coordination occurred, provide DEEP LWRD staff contact information:

Staff Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Part V: Supporting Documents

As applicable, check the box by the attachments listed to indicate that they have been submitted. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on this application form. Attach the materials below following this transmittal form.

- Attachment A Structures, Dredging and Fill fee calculation worksheet (if applicable)
- Attachment B Co-applicant information sheet (if applicable)
- Attachment C Written permission from land owner (if applicant is not the owner)
- Attachment D Additional signature sheet (if applicable)

## Part VI: Applicant Certification

The applicant(s) *and* any individual(s) responsible for actually preparing the application must sign this section. An application will be considered insufficient unless *all* required signatures are provided.

<p>"I have personally examined and am familiar with the information submitted in the LWRD application and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that the LWRD application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.</p> <p>I certify that I have complied with all notice requirements, if applicable, as listed in Section 22a-6g of the General Statutes."</p>	
<p>_____ Signature of Applicant</p>	<p>_____ Date</p>
<p>_____ Name of Applicant (print or type)</p>	<p>_____ Title (if applicable)</p>
<p>_____ Signature of Preparer (if different than above)</p>	<p>_____ Date</p>
<p>_____ Name of Preparer (print or type)</p>	<p>_____ Title (if applicable)</p>
<p><input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet as Attachment D. You must include signatures of any person preparing any report or parts thereof required in this application (i.e., professional engineers, surveyors, soil scientists, consultants, etc.).</p>	

## Part VII: Application Submission

Instructions for submitting an application to DEEP LWRD:

1. Please submit a hardcopy of **only** this completed License Application Transmittal Form and fee, to:

**CENTRAL PERMIT PROCESSING UNIT  
DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127**

Applications will not be processed without the fee. Fee shall be non-refundable and shall be paid by check or money order to the Connecticut Department of Energy & Environmental Protection. State Agencies should submit the applicable registration/application package **without** the application fee and check the box in Part I to indicate the fee will be paid by Inter-Agency Transfer of Funds.

2. Upon receipt of the Transmittal Form and fee, the Central Permit Processing Unit (CPPU) will e-mail a confirmation receipt letter to you containing the DEEP assigned application number.
3. Upon receipt of the email from CPPU, electronically submit the full application package with the remaining required forms:
  - a. Send an empty/blank email to [DEEP.LWRDRegulatorySubmittals@ct.gov](mailto:DEEP.LWRDRegulatorySubmittals@ct.gov)
  - b. An automated email response will contain instructions for uploading this Transmittal Form and applicable Program Forms, management plans, or additional supporting documents of your application to the LWRD File Transfer Protocol (FTP) website.
  - c. Follow directions contained in the email for uploading the application sections.

**If you are not capable of submitting the application electronically or if you have other questions or concerns regarding application submittals, please contact LWRD staff at 860-424-3019.**