



Connecticut Department of
Energy & Environmental Protection
Bureau of Water Protection & Land Reuse
Office of Long Island Sound Programs

ATTACHMENT D: SHELLFISH COMMISSION DEEP PERMIT CONSULTATION FORM

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 permit application to the Connecticut Department of Energy and Environmental Protection- Office of Long Island Sound Programs (DEEP- OLISP), please complete Part I 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 permit application to the DEEP.

Part I: To be completed by APPLICANT

1. List applicant information.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email:

2. List engineer/surveyor/agent information.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Service Provided:

3. Site Location:

Street Address or Location Description:

City/Town:

State:

Zip Code:

Tax Assessor's Reference: Map

Block

Lot

4. Are plans attached? Yes No If Yes, provide 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 permit (section 22a-361 CGS) and/or Tidal Wetlands permit (section 22a-32 CGS) to the DEEP- OLISP. The application has not yet been submitted to the DEEP. Please review the enclosed materials and determine whether the project will adversely impact shellfish beds. You may also provide comments or recommendations regarding the proposal. Should you have any questions regarding this process, please call DEEP-OLISP at (860) 424-3034 to speak with the analyst assigned to the town in which the work is proposed. **Please return the completed form to the applicant.**

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