

TOWN OF SOUTHTON  
Conservation Commission

MUNICIPAL CENTER, 196 NORTH MAIN STREET  
SOUTHTON, CT 06489  
PHONE: (860) 276-6248



FEE: See fee schedule

**APPLICATION FOR INLAND WETLANDS AND  
WATERCOURSES MAP AMENDMENT**

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

MA # \_\_\_\_\_

Applicant: (please print)

Owner: (please print)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Soil Scientist: (please print) \_\_\_\_\_

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

Qualifications (check one): "A" \_\_\_\_\_ or "B" \_\_\_\_\_

Location of property: \_\_\_\_\_

Lot number shown on Tax Assessor's Map: \_\_\_\_\_ Parcel \_\_\_\_\_

Is any portion of the property within 500 ft. of a Town boundary? \_\_\_\_\_

Provide 7 sets of the proposed boundary changes drawn directly on a copy of the Southington Wetlands Map using short dashes for proposed boundaries and "x" out proposed eliminations of existing boundaries.

Provide one copy of the detailed report of the soil scientist.

Signature of Applicant/Owner/Agent: \_\_\_\_\_

\*No fee if amendment is part of a permit fee under Zoning Regulation Section 4.B