

**APPLICANT INSTRUCTIONS:** All applicants must complete this application form. The Commission will notify the applicant of any additional information that may be required and will schedule a Public Hearing if necessary. In addition to the information required, the applicant may submit other supporting facts or documents which may assist the Commission in its evaluation of this proposal. **PLEASE SUBMIT FOURTEEN (14) COPIES OF THE APPLICATION AND FOURTEEN (14) COPIES OF ANY OTHER DOCUMENTS AT LEAST FIVE BUSINESS DAYS PRIOR TO THE MEETING.**

**I. Applicant Information**

Name The Nevar Company/Dean Fiske  
Address 677 S. Main Street, Cheshire, CT 06410  
Tel # 203-410-7827 Cell # \_\_\_\_\_  
Fax # \_\_\_\_\_ Email dbfiske.ravenswood@att.net

Interest in Property     Owner     Option Holder     Developer     Harvester     Other  
 **Attach a Written Consent to the proposed activity from the owner if applicant is not the owner**         Required         Not Required

**II. Owner Information**

Name The Nevar Company/Dean Fiske Address 677 S. Main Street, Cheshire, CT 06410  
Tel # 203-410-7827 Cell # \_\_\_\_\_  
Fax # \_\_\_\_\_ Email dbfiske.ravenswood@att.net

**III. Engineer Information**

Contact Kevin Solli, P.E.  
Firm Solli Engineering LLC Address 11 Vanderbilt Ave, Suite 240, Norwood, MA 02062  
Tel # 781-352-8491 Cell # 203-848-5862  
Fax # \_\_\_\_\_ Email kevin@sollillc.com

**IV. Attorney Information**

Contact James Miele  
Firm Miele Law Offices LLC Address 396 South Main Street, Cheshire, CT 06410  
Tel # 203-272-0371 Cell # \_\_\_\_\_  
Fax # \_\_\_\_\_ Email jmm@mielelaw.com

**V. Property Information**

Address of Proposed Activity 958 Route 163, Montville, CT 06370  
Assessor's Map and Lot Number 046-008  
Land Records /Deed Volume: 0674 Page: 0282 Acreage of Property 30.66  
Zoning R120

**Provide a List of the Names and Mailing Addresses of Adjacent Property Owners (Attach Sheet)**

**VI. Wetlands and Watercourse Information**

Total Acreage of Wetlands on the site 1.62 acres

Wetland Disturbance Area 0 sq ft

Upland Review Disturbance Area 0 sq ft

Have the Wetlands Been Flagged  Yes  No Year 2023

Name of Soil Scientist James M. McManus, MS, CPSS

Linear Feet of Watercourse Disturbance 0 ft

Creation of New Wetlands 0 sq ft

**VII. Project Description**

Subdivision  Review No Regulated Activity  Permit Modification

Regulated Activity  Permitted Use as of Right  Permit Renewal

**Activity will involve (Check all that apply)**

Alteration  Construction  Pollution  Stormwater Discharge

Deposition of Material \_\_\_\_\_ cubic yards

Removal of Material \_\_\_\_\_ cubic yards

**See attached checklist of items that are to be included on Plan and supplemental data.**

A) Attach a Detailed Plan of the Proposal and indicate Plan Title and Date.

Refer to plan set titled "Proposed 2-Lot Subdivision of 958 Route 163", dated 07/17/23.

B) Provide Brief Description of the Proposed Project on separate piece of paper. Instructions attached. (See attached memo)

C) List Titles and dates of all documentation which will be included and submitted with this application and attach to application. Documents should include, but are not limited to; Project Proposal, Soil Scientist Reports, and Drainage Calculations. (See attached memo)

**VIII. Other Information**

1. Does the application involve an activity in a regulated area that is within 500 ft of another municipality?

Yes  No

- If YES, then a copy of the application and all material is to be submitted to said Town and a copy of the transmittal form is to be provided to the Commission.

2. Is the property located within a Flood Hazard Area?  Yes  No **(500-Year Flood Zone)**

-If YES, then please provide additional material showing the location of the area. **(Fema Map Enclosed)**

3. Is the regulated activity within a Public Water Supply Aquifer or Watershed?  Yes  No

- If YES, then a copy of the application and all material is to be submitted to the State Department of Health as well as the appropriate Water Company. See attached instructions for the Notification Process for the State Health Department. A copy of the transmittal forms shall be provided to the Commission.

4. Does the application require approval from Uncas Health District?  Yes  No  
- If YES, then a copy of the approval is to be provided to the Commission. (Coordination Ongoing)

5. Does the application require approval from the Public Works Dept?  Yes  No  
- If YES, then a copy of the approval is to be provided to the Commission.

6. Does the application require approval from the Town of Montville WPCA?  Yes  No  
- If YES, then a copy of the approval is to be provided to the Commission.

7. Does the application require permits from the following agencies?

		Submission Info	
Army Corps of Engineers	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date	_____
Department of Environmental Protection	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date	_____
Department of Transportation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date	_____

- If YES, then a copy of the application and all material is to be submitted to said Agency and a copy of the transmittal form is to be provided to the Commission.

8. Does this permit require a State Water Diversion Permit?  Yes  No

9. Does this permit require a State Dam Permit?  Yes  No

10. Is this property subject to a Conservation Restriction and/or a Preservation Restriction?

-If YES, attach a copy of certified notice.  Yes  No

11. If the application is a renewal or modification of an existing permit, is a copy of the original approval included in the documentation package?  Yes  No

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The undersigned applicant hereby consents to necessary and proper inspections of the above mentioned property by agents of the Montville Inland Wetlands Commission at reasonable times, both before and after the permit in question has been granted by the Commission.

Name Dean Fiske 

Date 8/1/2023

Property Owner if other than Applicant \_\_\_\_\_ Date \_\_\_\_\_