

Original

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Date: 9/25/2021

TOWN OF PROSPECT  
LAND USE DEPARTMENT

Application # # 2-2021

Inland Wetlands Commission  
Town of Prospect, CT

Miguel +  
Franchesca Peratta  
15 Nicholas CT

**Application for Inland Wetlands Permit**

Fee Schedule to be filled in by Inland Wetlands Commission.

Fee Schedule: \$25.00 plus.....		\$ 25.00
\$15.00 per acre (Total Parcel):	<u>1.6</u> x \$15.00 =	<u>\$15 + \$7.50 = 22.50</u>
\$100.00 per Regulated Activity:	<u>3</u> x \$100.00 =	<u>300.</u>

Public Hearing Free (If applicable): \$150.00 \_\_\_\_\_

After the Fact Permit Fee: \$200.00 per Regulated Activity having occurred or taking place without an Approved Inland Wetlands Permit. \_\_\_\_\_ x \$200.00 = \_\_\_\_\_

Total: \$ 347.50

(Please make checks payable to: Town of Prospect)

An additional State of Connecticut fee is also collected at this time:

State of Connecticut C.G.S. Section 22a-27j..... \$ 60.00

(This check is also made payable to: Town of Prospect)

Submit the original application plus nine (9) copies of the completed application and the signed map/drawings, with the appropriate fees.

All fees must be submitted by check or money order payable to the Town of Prospect, to be considered a Complete Application, at the meeting where the application is filed.

**Additional Fees:**

The Inland Wetlands Commission may charge an additional fee sufficient to cover the cost of reviewing and acting on complex applications. Such fees may include, but not limited to, the cost of retaining experts to analyze, review and report on issues requiring such experts. The Commission or duly authorized agent shall estimate the additional fees which shall be paid pursuant to Section 19.2 of the Inland Wetlands and Watercourses Regulations within 10 days of the applicant's receipt of notice of such estimate. Any portion of the additional fees received in excess of the actual cost to the Town, shall be refunded to the applicant no later than 30 days after publication of the Commissions' decision.

2 Checks:  
1. \$347.50  
2. \$60.00



Date: 1/21/2021

1. Name of Property Owner: Francesca e Miguel Peralta  
Home Address: 15 Nicholas Court, Prospect CT 06712  
Business Address: N/A  
Home Phone: N/A Work Phone: 203-985-0222  
Cell Phone: 017-605-9980 Email: francescap@live.com

2. Name of Applicant: Francesca e Miguel Peralta (✓) Owner ( ) Agent  
Home Address: 15 Nicholas Court, Prospect CT 06712  
Business Address: N/A  
Home Phone: N/A Work Phone: 203-985-0222  
Cell Phone: 017-605-9980 Email: francescap@live.com

- Check if other than owner: \_\_\_\_\_
- If the above is checked, written consent of the property owner, duly notarized, to the proposed activity as set forth in the application is required.
  - If the applicant is a Limited Liability Corporation (LLC) or a Corporation, the managing members or responsible corporate officer's name, address, email and telephone number, and/or, a corporate resolution authorizing the activity may be required.

3. Location of Property (Road): 15 Nicholas Court

- 4a. List and describe all proposed activities that you are applying for. Check all that apply:
- |   |   |   |  |                               |
|---|---|---|--|-------------------------------|
| <input type="checkbox"/> Excavation             | <input checked="" type="checkbox"/> Filling       | <input checked="" type="checkbox"/> Grading               | <input type="checkbox"/> New Dwelling      | <input type="checkbox"/> Well |
| <input type="checkbox"/> House Addition         | <input type="checkbox"/> Septic System            | <input type="checkbox"/> Driveway                         | <input checked="" type="checkbox"/> Deck   |                               |
| <input type="checkbox"/> Culvert Maintenance    | <input type="checkbox"/> Utility Construction     | <input checked="" type="checkbox"/> Pool Installation     |  |                               |
| <input type="checkbox"/> in Wetlands            | <input type="checkbox"/> in Watercourse or Pond   | <input checked="" type="checkbox"/> in Upland Review Area |  |                               |
| <input type="checkbox"/> Subdivision            | <input type="checkbox"/> Commercial or Industrial | <input type="checkbox"/> Forestry/Logging                 | <input type="checkbox"/> Road Construction |                               |
| <input type="checkbox"/> Other (Please explain) |   |   |  |                               |

No Backwash. Cartridge Filter to be cleaned 4 times per year by soaking in a bucket in utility sink. Ground will be leveled for installation of 18' Above Ground Chlorine Pool and 12' by 26' deck.

4b. What is the purpose of the proposed activities? Leisure, personal use.  
Above ground pool and deck for recreation purpose.



4c. List the location of all proposed activities onsite Back yard, Left of home  
by current deck. See as built diagram and site plan

5. What is the total area (square feet) of wetland, watercourse or upland review area disturbance? Please list separately: Deck 12' by 26' = 312 square feet, Above Ground Pool 18' = 254.47 square feet  
Total = 566.47 square feet. Excavator will be used. Pool sand to level - 4 cubic yards

6. List any and all wetlands or watercourses. (ie: bogs, vernal pools, kettle hole, streams, ponds, etc.) \_\_\_\_\_  
See attached plan

7. Please list all alternatives in detail, and why the proposal to alter the wetlands as set forth in this application, was chosen by the applicant. All such alternatives shall be diagrammed on a site plan or drawing. Attach additional sheet if needed. Various Contractors chose behind the house away from the septic. It was the most logical location.

8. What is your plan for plantings and stabilization? Specify timetable for project. At this time we are on schedule for June 24th 2021.  
Silt fence, mulch & planting.

9. List the names and addresses of adjacent landowners. Attach additional sheet if necessary. \_\_\_\_\_  
See attached

10. Include a map of the property with a detailed drawing showing the extent of the proposed activities, including the wetlands. The map must be signed and dated. The original plus (9) nine copies of the map must be submitted with this application.

11. Is this application part of a previously filed application? If so, what is Application Number?

Yes  No Application Number: \_\_\_\_\_



12. Is this application the first part of other applications to be filed with this commission?

Yes  No

13. Has there been an application filed on this property within the last five (5) years?

Yes  No

14. Does this application involve a regulated activity which is within five hundred (500) feet of the boundary of an abutting municipality?

Yes  No

453 feet of the Waterbury  
Municipal Line

15. Is any regulated activity within the watershed area of a water company?

Yes  No

If so, the applicant must provide proof of mailing Notice to said Water Company via certified mail within seven (7) days of this application.

16. Is the regulated activity within a proposed Aquifer Protection Area?

Yes  No



The applicant understands that this application is considered complete only when all fees, information, maps/drawings and documents required by the Commission have been submitted.

The applicant agrees to inform the Inland Wetlands Officer seventy-two (72) hours prior to commencing regulated activities.

The undersigned warrants the truth of all statements contained herein and the applicant is familiar with all the information provided in the application and is aware of the penalties for obtaining a permit through deception or through inaccurate or misleading information.

Applicant's Signature: Francesca Peratta Date: 1/25/2021  
Authorized Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The applicant hereby consents to inspection of the site of the proposed activity at any reasonable time before and/or after the granting of a permit in accordance with Section 7.5j of the Inland Wetlands and Watercourses Regulations of the Town of Prospect.

Applicant's Signature: Francesca Peratta Date: 1/25/2021  
Authorized Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form was received by the Commission on (date) \_\_\_\_\_

Application Fees in the amount of \$ \_\_\_\_\_ was received by the Commission on (date) \_\_\_\_\_

Supporting documents completed on (date) \_\_\_\_\_

Commission Decision: \*

Decision date: \_\_\_\_\_ Approved: \* \_\_\_\_\_ Denied: \_\_\_\_\_

Approval based on map dated: \_\_\_\_\_ Revision dated: \_\_\_\_\_

Modifications and stipulations: \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Reference Inland Wetlands approved minutes for details of action taken.

DAVINO JOCELYNE  
6 NICHOLAS CT  
PROSPECT CT 06712

OMER PATRICIA  
14 NICHOLAS CT  
PROSPECT CT 06712

LOPEZ DONNA & RAMON  
19 NICHOLAS CT  
PROSPECT CT 06712

PERALTA MIGUEL & FRANCESCA  
15 NICHOLAS CT  
PROSPECT CT 06712

LAHEY CHRISTOPHER P & SONIA I  
11 NICHOLAS CT  
PROSPECT CT 06712

PAHLETE JOSEPH  
9 NICHOLAS CT  
PROSPECT CT 06712

MORRELL ELNER L  
7 NICHOLAS CT  
PROSPECT CT 06712





### B100a Application – Request for Review

Street Number: 15 Street Name: Nicholas Court Town: Prospect

Owner: Miguel + Francesca Peralta Date: 9/5/2020

Contractor Name: Juliano's Pools Cell#: 917-605-9980  
Chris 200-836-0317

1. Provide a description of your request: (structure size, design, purpose or use)

• Above Ground Pool Round 18" Personal Use	• Deck Extension 12x20

2. Answer the following questions:

1. WATER SYSTEM: Property served by:  Private Well \_\_\_ Public Water (Water Company Name): \_\_\_\_\_

2. SEPTIC SYSTEM: Property served by:  Septic System \_\_\_ Public Sewers. Are sewers available? Yes / No / Unsure

**For a Residential Property**

1. Number of Bedrooms: 3 After Addition: \_\_\_\_\_

2. Is this increasing habitable space: Yes / No

3. For shed, deck or barn. Are there frost walls? Yes / No

4. Will there be footing drains? Yes / No

**For a Commercial/other Property:**

1. Septic Design: \_\_\_ employees \_\_\_ Sq. Ft. \_\_\_ other

2. Square Ft. after addition: \_\_\_\_\_

3. Will there be footing drains? Yes / No

**This application must be submitted with a plot plan drawing (see back of page).**

3. Attach a plot plan that includes:

Shows the existing structures/building and the proposed addition/deck/pool/barn with setback distances

Shows the existing septic and water with setback distances

Demonstrates how and where a code-complying septic system will be placed

Number of Bedrooms (residential) or \_\_\_ Design flow factor

*Chesprocott Health District assumes no responsibility for the present or future operation of the septic system or for any damage to the septic system caused by the new construction or any necessary testing.*

*I certify that I am the owner or the owner's contractual representative and that the information above is accurate to the best of my knowledge.*

Signature: Francesca Peralta Date: 9/5/2020

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DEC 07 2020

PAID

DEC 07 2020





## B100a Application – Request for Review

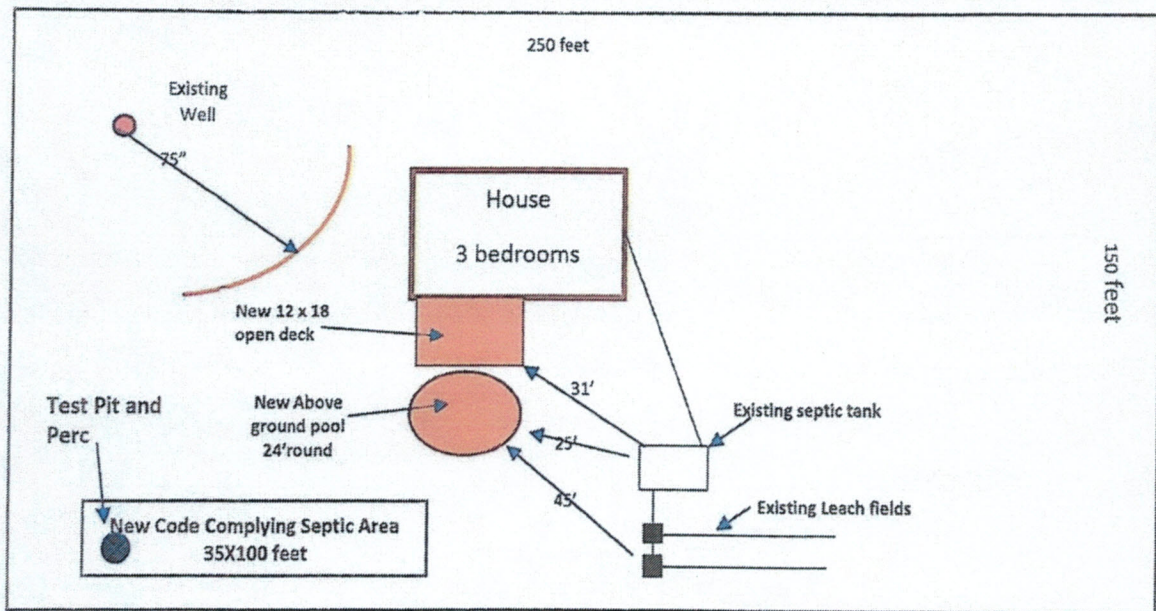
### Sample proposal and information

**Required separating distances:**

From any part of existing  
 Or replacement septic system

From Well

• Building without footing drains – septic tank	10 feet	n/a
• Building without footing drains – leach fields	15 feet	n/a
• Building with full foundation & Footing drain	25 feet	25 feet
• Above ground pool	10 feet	n/a
• In-ground pool	25 feet	25 feet
• Accessory structure with foundation (no ftg drains)	10 feet	n/a
• Accessory Structure without foundation (note-structure without full frost protected footings)	5 feet	n/a



Staff Review Only

Category per PHC 19-13B100a

- 1. Building Conversion / Change in Use: (winterizing, + heat, Protect water line, change occupancy, change flows)
- 2. Building Addition
- 3. Garage (attached or detached) / accessory structure (open deck, shed, barn) / pools (above or below)
- 4. Lot line change

Has soil testing been completed?  Yes / No

Does the structure meet setbacks?  Yes / No

Has the owner demonstrated a code-complying septic system?  Yes / No

Comments Septic repair will require additional soil testing.

✓ APPROVED OR

OR

DENIED by (Sanitarian)

*[Signature]*

Date

12/18/2020

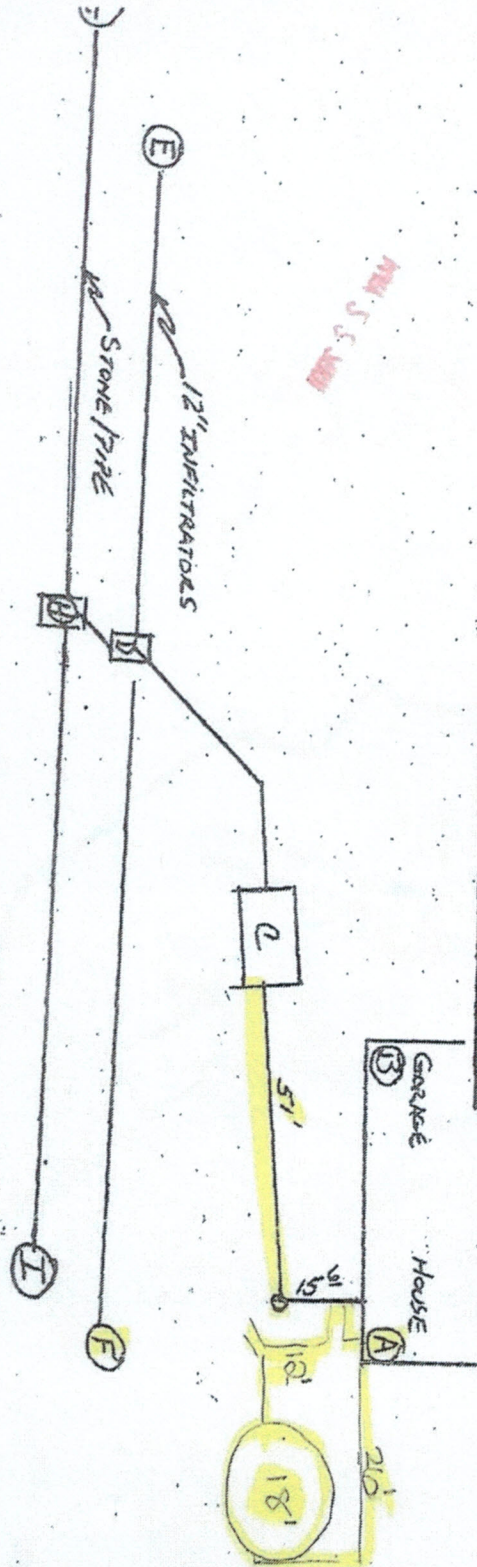


ESPROCOTT HEALTH DISTRICT  
 7 HIGHWAY AVENUE  
 ESQUIRE, CONNECTICUT 06410

AS BUILT DIAGRAM

NUMBER OF BEDROOMS 3  
 TANK SIZE 1000 GALLONS

DATE 5-17-01  
 DISTALTER Anthony Plastina  
 TOWN ESPROCOTT  
 STREET NICHOLAS CT LOT 7  
 EFFECTIVE AREA 635 sq  
 OWNER RAND COLE  
 INSPECTED BY T. NEGETYN



A	C	D	E	F	G	H	I
69'	1083	129'	103	1504	1226	116'	
B	29'	646	78'	83	966	76'	90'
C							

**APPROVED**  
 Mrs. Blenda McLaughlin  
 DEC 08 2020  
 Director of Health Services  
 Chesprocott Health District