



Connecticut Department of  
 Energy & Environmental Protection  
 Bureau of Water Protection & Land Reuse  
 Land & Water Resources Division

## LWRD License Application Pre-Submission Consultation Form Shellfish Commission

*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 license application to the Connecticut Department of Energy and Environmental Protection (DEEP) Land & Water Resources Division (LWRD), please complete Part I, below, 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 license application to DEEP.

**Part I: To be completed by APPLICANT**

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

**2. Engineer/Surveyor/Agent Information (list as applicable)**  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Service Provided: \_\_\_\_\_

**3. Site Location:**  
 Name of Site : \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Tax Assessor's Reference: Map \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_  
 Name of Waterbody: \_\_\_\_\_

**4.  Confirm location map and site plans are attached.**  
 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 license (Connecticut General Statutes (CGS) Section 22a-361) and/or Tidal Wetlands license (CGS Section 22a-32) to DEEP LWRD. The application has not yet been submitted to DEEP. Please review the enclosed materials and determine whether the project will significantly impact shellfish beds. You may also provide comments or recommendations regarding the proposal. Should you have any questions regarding this process, please call DEEP LWRD at 860-424-3019. **Please return the completed form to the applicant within 60 days of receipt or no adverse impact will be assumed.**

**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