



WETLANDS PERMIT APPLICATION

Water Division/ Wetlands Bureau

Land Resources Management

Check the status of your application: www.des.nh.gov/onestop



RSA/Rule: [RSA 482-A/ Env-Wt 100-900](#)

Administrative Use Only	Administrative Use Only	Administrative Use Only	File No.:
			Check No.:
			Amount:
			Initials:

1. REVIEW TIME: Indicate your Review Time below. To determine review time, refer to [Guidance Document A](#) for instructions.

☐ Standard Review (Minimum, Minor or Major Impact)

☒ Expedited Review (Minimum Impact only)

2. MITIGATION REQUIREMENT:

If mitigation is required a Mitigation-Pre Application meeting must occur prior to submitting this Wetlands Permit Application. To determine if Mitigation is Required, please refer to the [Determine if Mitigation is Required Frequently Asked Question](#).

Mitigation Pre-Application Meeting Date: Month: ___ Day: ___ Year: ____

☐ N/A - Mitigation is not required

3. PROJECT LOCATION:

Separate wetland permit applications must be submitted for each municipality that wetland impacts occur within.

ADDRESS: **Spring Street**

TOWN/CITY: **Allenstown**

TAX MAP: **407**

BLOCK:

LOT: **18**

UNIT:

USGS TOPO MAP WATERBODY NAME:

☒ NA

STREAM WATERSHED SIZE:

☒ NA

LOCATION COORDINATES (If known):

☐ Latitude/Longitude ☐ UTM ☐ State Plane

4. PROJECT DESCRIPTION:

Provide a brief description of the project outlining the scope of work. Attach additional sheets as needed to provide a detailed explanation of your project. DO NOT rely "See Attached" in the space provided below.

The proposed project is for a single house lot driveway crossing. Impacts will be 1,060 sf of scrub shrub wetland. A 12", 22' ADS culvert will be installed to maintain any potential movement of water through the wetland.

5. SHORELINE FRONTAGE:

☒ NA This does not have shoreline frontage.

SHORELINE FRONTAGE:

Shoreline frontage is calculated by determining the average of the distances of the actual natural navigable shoreline frontage and a straight line drawn between the property lines, both of which are measured at the normal high water line.

6. RELATED NHDES LAND RESOURCES MANAGEMENT PERMIT APPLICATIONS ASSOCIATED WITH THIS PROJECT:

Please indicate if any of the following permit applications are required and, if required, the status of the application.

To determine if other Land Resources Management Permits are required, refer to the [Land Resources Management Web Page](#).

Permit Type	Permit Required	File Number	Permit Application Status
Alteration of Terrain Permit Per RSA 485-A:17	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	_____	<input type="checkbox"/> APPROVED <input type="checkbox"/> PENDING <input type="checkbox"/> DENIED
Individual Sewerage Disposal per RSA 485-A:2	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	_____	<input type="checkbox"/> APPROVED <input type="checkbox"/> PENDING <input type="checkbox"/> DENIED
Subdivision Approval Per RSA 485-A	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	_____	<input type="checkbox"/> APPROVED <input type="checkbox"/> PENDING <input type="checkbox"/> DENIED
Shoreland Permit Per RSA 483-B	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	_____	<input type="checkbox"/> APPROVED <input type="checkbox"/> PENDING <input type="checkbox"/> DENIED

7. NATURAL HERITAGE BUREAU & DESIGNATED RIVERS:

See the Instructions & Required Attachments document for instructions to complete a & b below.

a. Natural Heritage Bureau File ID: NHB **17** - **3075**

b. ☐ [Designated River](#) the project is in ¼ miles of: _____; and

date a copy of the application was sent to the [Local River Management Advisory Committee](#): Month: ___ Day: ___ Year: ____

☒ N/A

shoreland@des.nh.gov or (603) 271-2147

NHDES Wetlands Bureau, 29 Hazen Drive, PO Box 95, Concord, NH 03302-0095

www.des.nh.gov


8. APPLICANT INFORMATION (Desired permit holder)			
LAST NAME, FIRST NAME, M.I.: Fee, Stephen			
TRUST / COMPANY NAME:		MAILING ADDRESS: 8r Gifford Farm Road	
TOWN/CITY: Stratham		STATE: NH	ZIP CODE: 03885
EMAIL or FAX: stephenfee34@gmail.com		PHONE:	
ELECTRONIC COMMUNICATION: By initialing here: _____, I hereby authorize NHDES to communicate all matters relative to this application electronically			
9. PROPERTY OWNER INFORMATION (If different than applicant)			
LAST NAME, FIRST NAME, M.I.: Same			
TRUST / COMPANY NAME:		MAILING ADDRESS:	
TOWN/CITY:		STATE:	ZIP CODE:
EMAIL or FAX:		PHONE:	
ELECTRONIC COMMUNICATION: By initialing here _____, I hereby authorize NHDES to communicate all matters relative to this application electronically			
10. AUTHORIZED AGENT INFORMATION			
LAST NAME, FIRST NAME, M.I.: Hurley, Luke D		COMPANY NAME: Gove Environmental Services Inc.	
MAILING ADDRESS: 8 continental Drive, Unit H			
TOWN/CITY: Exeter		STATE: NH	ZIP CODE: 03833
EMAIL or FAX: lhurley@gesinc.biz		PHONE: 603-778-0644	
ELECTRONIC COMMUNICATION: By initialing here LH , I hereby authorize NHDES to communicate all matters relative to this application electronically			
11. PROPERTY OWNER SIGNATURE:			
See the Instructions & Required Attachments document for clarification of the below statements			
By signing the application, I am certifying that:			
<ol style="list-style-type: none"> I authorize the applicant and/or agent indicated on this form to act in my behalf in the processing of this application, and to furnish upon request, supplemental information in support of this permit application. I have reviewed and submitted information & attachments outlined in the Instructions and Required Attachment document. All abutters have been identified in accordance with RSA 482-A:3, I and Env-Wt 100-900. I have read and provided the required information outlined in Env-Wt 302.04 for the applicable project type. I have read and understand Env-Wt 302.03 and have chosen the least impacting alternative. Any structure that I am proposing to repair/replace was either previously permitted by the Wetlands Bureau or would be considered grandfathered per Env-Wt 101.47. I have submitted a Request for Project Review (RPR) Form (www.nh.gov/nhdhr/review) to the NH State Historic Preservation Officer (SHPO) at the NH Division of Historical Resources to identify the presence of historical/ archeological resources while coordinating with the lead federal agency for NHPA 106 compliance. I authorize NHDES and the municipal conservation commission to inspect the site of the proposed project. I have reviewed the information being submitted and that to the best of my knowledge the information is true and accurate. I understand that the willful submission of falsified or misrepresented information to the New Hampshire Department of Environmental Services is a criminal act, which may result in legal action. I am aware that the work I am proposing may require additional state, local or federal permits which I am responsible for obtaining. The mailing addresses I have provided are up to date and appropriate for receipt of NHDES correspondence. NHDES will not forward returned mail. 			
 Property Owner Signature		Print name legibly	/ / Date

MUNICIPAL SIGNATURES

12. CONSERVATION COMMISSION SIGNATURE

The signature below certifies that the municipal conservation commission has reviewed this application, and:

1. Waives its right to intervene per RSA 482-A:11;
2. Believes that the application and submitted plans accurately represent the proposed project; and
3. Has no objection to permitting the proposed work.


	Print name legibly	Date
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DIRECTIONS FOR CONSERVATION COMMISSION

1. Expedited review ONLY requires that the conservation commission's signature is obtained in the space above.
2. Expedited review requires the Conservation Commission signature be obtained **prior** to the submittal of the original application to the Town/City Clerk for signature.
3. The Conservation Commission may refuse to sign. If the Conservation Commission does not sign this statement for any reason, the application is not eligible for expedited review and the application will reviewed in the standard review time frame.

13. TOWN / CITY CLERK SIGNATURE

As required by Chapter 482-A:3 (amended 2014), I hereby certify that the applicant has filed four application forms, four detailed plans, and four USGS location maps with the town/city indicated below.

	Print name legibly	Town/City	Date
Town/City Clerk Signature			

DIRECTIONS FOR TOWN/CITY CLERK:

Per RSA 482-A:3,I

1. For applications where "Expedited Review" is checked on page 1, if the Conservation Commission signature is not present, NHDES will accept the permit application, but it will NOT receive the expedited review time.
2. IMMEDIATELY sign the original application form and four copies in the signature space provided above;
3. Return the signed original application form and attachments to the applicant so that the applicant may submit the application form and attachments to NHDES by mail or hand delivery.
4. IMMEDIATELY distribute a copy of the application with one complete set of attachments to each of the following bodies: the municipal Conservation Commission, the local governing body (Board of Selectmen or Town/City Council), and the Planning Board; and
5. Retain one copy of the application form and one complete set of attachments and make them reasonably accessible for public review.

DIRECTIONS FOR APPLICANT:

1. Submit the single, original permit application form bearing the signature of the Town/ City Clerk, additional materials, and the application fee to NHDES by mail or hand delivery.

14. IMPACT AREA:

For each jurisdictional area that will be/has been impacted, provide square feet and, if applicable, linear feet of impact

Permanent: impacts that will remain after the project is complete.

Temporary: impacts not intended to remain (and will be restored to pre-construction conditions) after the project is complete.

JURISDICTIONAL AREA	PERMANENT Sq. Ft. / Lin. Ft.	TEMPORARY Sq. Ft. / Lin. Ft.
Forested wetland	<input type="checkbox"/> ATF	<input type="checkbox"/> ATF
Scrub-shrub wetland	1060 <input type="checkbox"/> ATF	<input type="checkbox"/> ATF
Emergent wetland	<input type="checkbox"/> ATF	<input type="checkbox"/> ATF
Wet meadow	<input type="checkbox"/> ATF	<input type="checkbox"/> ATF
Intermittent stream	<input type="checkbox"/> ATF	<input type="checkbox"/> ATF
Perennial Stream / River	/ <input type="checkbox"/> ATF	/ <input type="checkbox"/> ATF
Lake / Pond	/ <input type="checkbox"/> ATF	/ <input type="checkbox"/> ATF
Bank - Intermittent stream	/ <input type="checkbox"/> ATF	/ <input type="checkbox"/> ATF
Bank - Perennial stream / River	/ <input type="checkbox"/> ATF	/ <input type="checkbox"/> ATF
Bank - Lake / Pond	/ <input type="checkbox"/> ATF	/ <input type="checkbox"/> ATF
Tidal water	/ <input type="checkbox"/> ATF	/ <input type="checkbox"/> ATF
Salt marsh	<input type="checkbox"/> ATF	<input type="checkbox"/> ATF
Sand dune	<input type="checkbox"/> ATF	<input type="checkbox"/> ATF
Prime wetland	<input type="checkbox"/> ATF	<input type="checkbox"/> ATF
Prime wetland buffer	<input type="checkbox"/> ATF	<input type="checkbox"/> ATF
Undeveloped Tidal Buffer Zone (TBZ)	<input type="checkbox"/> ATF	<input type="checkbox"/> ATF
Previously-developed upland in TBZ	<input type="checkbox"/> ATF	<input type="checkbox"/> ATF
Docking - Lake / Pond	<input type="checkbox"/> ATF	<input type="checkbox"/> ATF
Docking - River	<input type="checkbox"/> ATF	<input type="checkbox"/> ATF
Docking - Tidal Water	<input type="checkbox"/> ATF	<input type="checkbox"/> ATF
TOTAL	1060 /	/

15. APPLICATION FEE: See the Instructions & Required Attachments document for further instruction

☐ Minimum Impact Fee: Flat fee of \$ 200

☐ Minor or Major Impact Fee: Calculate using the below table below

Permanent and Temporary (non-docking) 1060 sq. ft. X \$0.20 = \$ 212.00

Temporary (seasonal) docking structure: _____ sq. ft. X \$1.00 = \$

Permanent docking structure: _____ sq. ft. X \$2.00 = \$

Projects proposing shoreline structures (including docks) add \$200 = \$

Total = \$ 212.00

The Application Fee is the above calculated Total or \$200, whichever is greater = \$ 212.00

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