## TOWN OF SALISBURY INLAND/WETLAND & CONSERVATION COMMISSION REQUEST TO THE INLAND WETLANDS AND WATERCOURSE COMMISSION OR AGENT FOR:

(Circle one) PERMIT TRANSFER - PERMIT EXTENSION - DECLARATORY RULING

Applicant(s) Name: Kober	t laylor	
Mailing Address: 47 0	Tamond Rd Lakeville CT	06039
	Email Address: 5/eepycowfarma	
	r, lessee, option holder, etc.)	
	owner's consent, duly acknowledged, to the proposed ac	
Owner(s) Name: (If same as applica	ant, so state) Same	
Mailing Address:		
Phone:	Email Address:	
<b>DECLARATORY RULING</b> Regulations you must ask the Comm regulated Use".	- If you believe your activity falls under Section 4 of the ission for a Jurisdictional ruling to declare your activity a	e Inland Wetlands and Watercourse as an "As of right use" or "Non-
• Cite the provision (such as	4.1a, 4.2.b, etc.) 4.	
Location of Proposed Acti	s 4.1a, 4.2.b, etc.) 4. Ja vity: 47 Diamond Rd Lakevi	11e
<ul> <li>Purpose and description o</li> </ul>		
	Farm building 60'x200	, /
CONSUPACITOR	FURM DUITAING BOX 200	)
D	From to	(New Owner/Applicant)
EXTENSION OF PERMIT		
	for	to be extended for and
additional Years.	(Regulated Activity- Incl. extra sheets	if needed)
Location of approved activity _		
Reason		
11/1/	~ Robert Taylor	9/20/24
Applicant's Signature	Print or type name	Date
Typhicalit & Dignature	Time of type name	Buto
Owner's Signature	Print or type name	Date
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