

APPLICATION # _____ Property Owner: LISA C. FLAGGE
Date rec'd by Land Use Depart: _____ Property Address: 7 THOMAS WAITE DRIVE
Date rec'd by Commission: _____

1. Name of Applicant BEN ROCHE
Home Address 30 EDWARD ST. EAST HAVEN CT Home Telephone 860-681-2619
Business Address _____ Bus. Telephone _____

2. Name of Property Owner LISA C. FLAGGE
Home Address 58 SHORE RD OLD LYME CT 06371 Home Telephone 860-235-4527
Business Address _____ Bus. Telephone _____

3. If applicant is other than owner, please state interest in the land APPLICANT IS SON IN LAW-
WILL BUILD NEW HOME FOR HIM AND HIS WIFE AND GUEST HOUSE FOR
LAND OWNER AND HER HUSBAND.

4. Location of Property by Street Address 7 THOMAS WAITE DRIVE
Assessor's Map No. 18 Lot No. 62

5. List the names of all property owners within 100' of the subject property: (use additional sheet if necessary)

Name of Property Owners within 100'
SEE ATTACHMENT A

Street Address

6. State the purpose, proposed use and a summary description of the proposed activity. (Please be specific, use additional sheets of necessary.)
SEE ATTACHMENT B

7. Activity Location (Map with sufficient detail must be submitted as a part of this application)

Number of acres of wetlands (or portion thereof) on the property 2.2 +/-

Total area of inland wetlands to be altered and/or impacted 0

Are vernal pools or tidal wetlands located on the property? If so, where and how many acres (or portion thereof) on the property? NO

Are inland wetlands and/or watercourses located on adjacent properties? If so, state the name of the property owner and if it is a wetland and/or watercourse. YES, MICHAEL & ELIZABETH LAMARRE (WETLAND) -

MILLER RIDGE HOME OWNERS ASSOCIATION (WETLAND)

Has a licensed soil scientist flagged the wetlands and/or watercourses on this property? If so, who and when? YES, RICHARD SNARSKI -

Nearest Thoroughfare FLAT ROCK HILL ROAD Distance from Thoroughfare (in feet) 300

Zoning District RU 80

8. Check applicable activities occurring within 0 - 100 feet of wetlands and/or watercourses.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Removal | <input checked="" type="checkbox"/> Vegetation Removal |
| <input checked="" type="checkbox"/> Filling | <input type="checkbox"/> Vegetation Restoration |
| <input type="checkbox"/> Surface Water Diversion | <input type="checkbox"/> Paving |
| <input checked="" type="checkbox"/> Discharge - specify type <u>SEPTIC SYSTEM EFFLUENT PER HEALTH DISTRICT APPROVED DESIGN PLAN</u> | |
| <input checked="" type="checkbox"/> Grading - specify amount <u>FILL 900 C.Y. CUT 100 C.Y.</u> | |
| <input type="checkbox"/> Other - specify type _____ | |

9. Explain in detail the extent of any activity checked above, type of material and equipment to be used to complete project. (Use additional sheets if necessary).

SEE ATTACHMENT B

10. Estimate cost and time for completion COMPETION WINTER 2025 ESTIMATED COST \$1.3 - \$1.5 MILLION

11. Explain what alternatives have been considered in connection with this application to avoid altering inland wetlands and/or watercourses. NO INLAND WETLANDS OR WATER COURSES ARE BEING ALTERED.

12. Identify any other local, State or Federal permits previously issued or pending that will be required for work on this property NO FEDERAL OR STATE PERMITS REQUIRED. LOCAL ZONING, BUILDING, WETLAND AND HEALTH PERMITS REQUIRED.

13. The undersigned applicant warrants the truth of all statements contained herein, and in all supporting documents attached hereto or which may be presented to the Commission in the future, pursuant to this

application.

I further understand that the Commission may request additional information in connection with this application and that if the proposed activity is deemed significant by the Commission, an additional filing fee will be required.

Dated 8-8-2025

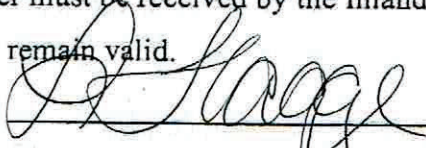


Signature of Applicant or Agent

14. The undersigned, as owner of the property, hereby consents to necessary and proper inspections of the above-mentioned property by agents of the Town of Old Lyme and others as may be deemed necessary, at reasonable times, both before and after a final decision has been issued by The Old Lyme Inland Wetlands and Watercourses Commission.

I understand the Old Lyme Inland Wetlands and Watercourses Regulations. I have had an opportunity to review these regulations and understand that these regulations regulate activities conducted on my property. In the event this application is approved and the permit is transferred to another property owner, I understand that it is my responsibility to contact the Inland Wetlands Enforcement Officer and advise the Transferee in writing that an Application for Permit Transfer must be received by the Inland Wetlands and Watercourses Commission in order for the permit issued to remain valid.

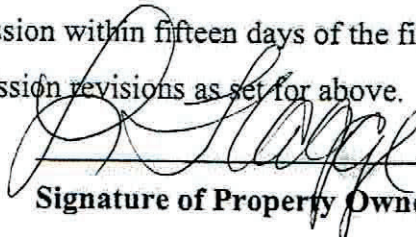
Dated 8-7-2025



Signature of Property Owner

15. The undersigned applicant hereby agrees to fund the municipal administrative costs for reviewing, evaluating and processing the Applicant's application to the Old Lyme Inland Wetlands Commission. The Applicant agrees to pay professional, legal, engineering and planning review expenses incurred by the Commission on an actual and reasonable cost basis. The Applicant shall submit said fee(s) as set forth in the Old Lyme Inland Wetlands Ordinance, as may be revised from time to time, establishing said fees. The Applicant agrees that the Inland Wetlands Commission may at its discretion require that the Applicant maintain on deposit with the Commission a sum of money estimated by the Commission to cover the professional, legal, engineering and planning review expenses to be incurred. This sum may be revised from time to time by the Commission and the Applicant shall deposit such additional sums to cover such fees. The Applicant agrees to deposit said sum(s) with the Commission within fifteen days of the filing and acceptance of such application, or within fifteen days of any Commission revisions as set for above.

Dated 8-7-2025



Signature of Property Owner

ID	Site Address	Owner Name	Owner Address	Owner Cit	Owr	Owner Zip
18-56	4 THOMAS WAITE DR	WALSH THOMAS A & ROMANO MADELINE C (SURV)	4 THOMAS WAITE DR	OLD LYME	CT	06371
18-57	6 THOMAS WAITE DR	FURROW KALEENA	6 THOMAS WAITE DR	OLD LYME	CT	06371
18-58	8 THOMAS WAITE DR	GERONIMO MARK D & MYLENE G	8 THOMAS WAITE DR	OLD LYME	CT	06371
18-59	10-1 THOMAS WAITE DR	ASTLEY NICHOLAS & ANNE	10-1 THOMAS WAITE DR	OLD LYME	CT	06371
18-60	11 THOMAS WAITE DR	FENG HONGHUI & ZENG SAI HUAH	11 THOMAS WAITE DR	OLD LYME	CT	06371
18-61	9-1 THOMAS WAITE DR	MILLERS RIDGE HOMEOWNERS ASSOC	1 MILLERS WAY	OLD LYME	CT	06371
18-63	3 THOMAS WAITE DR	GRASDOCK WAYNE	3 THOMAS WAITE DR	OLD LYME	CT	06371
18-64	36 FLAT ROCK HILL RD	KING ANDREW G & KATHLEEN J (SURV)	36 FLAT ROCK HILL RD	OLD LYME	CT	06371
19-1	40 FLAT ROCK HILL RD	LAMARRE MICHAEL A & LAMARRE ELIZABETH G (SURV)	2645 IVY WOOD LA	CONROE	TX	77385

SECTION 6:

The proposed use of the property will be a single-family residence with attached guest house.

Proposed activities will include grading and land clearing in the wetland upland review area as required for the construction of the house, driveway, septic system, underground utilities, and the drilling of a well.

No activity is proposed within an inland wetland or water course.

Mitigation measures will include capturing the roof runoff "water quality volume" And directing it into buried infiltration chambers.

SECTION 9:

Construction equipment to be used on site will be backhoes, excavators, bulldozers and dump trucks.

Excavators and bulldozers will be utilized to dig the building foundation.

It is not anticipated that any material would be removed from the site, but will be utilized in the grading operations as part of the proposed construction.

It is anticipated that septic system fill may be required to be brought onto the site. Septic system fill consists of a fine to medium clean sand. Gravel would also be brought in as part of the driveway construction.

Finally topsoil will be brought in to establish the lawn area around the building.

Land clearing required for the house and yard would be limited to the area designated on the site plan shown as "limits of clearing".

Necessary grading will be performed with the bulldozer. Any offsite material needed will be trucked in by dump truck.

Required cut and fill volumes are estimated to be the following:

Cut 700 cubic yards +/- Fill 950 cubic yards +/-

LISA C FLAGGE
DAVID K FLAGGE
58 SHORE ROAD
OLD LYME, CT 06371

51-7011/2111

3373

DATE 8/7/25

PAY TO THE
ORDER OF

Taona Old Lyme \$ 160⁰⁰
one hundred sixty dollars + 00/100

 Citizens

MEMO

Flagge MP

+ 2 1 1 1 7 0 1 1 4 2 2 0 3 8 1 4 2 1 1 1 1

3373

**Statewide Inland Wetlands & Watercourses Activity Reporting Form***Please complete this form in accordance with the instructions on pages 2 and 3 and mail to:**DEEP Land & Water Resources Division, Inland Wetlands Management Program, 79 Elm Street, 3rd Floor, Hartford, CT 06106**Incomplete or incomprehensible forms will be mailed back to the inland wetlands agency.***PART I: Must Be Completed By The Inland Wetlands Agency**

1. DATE ACTION WAS TAKEN: year: _____ month: _____

2. ACTION TAKEN (see instructions - one code only): _____

3. WAS A PUBLIC HEARING HELD (check one)? yes ☐ no ☐

4. NAME OF AGENCY OFFICIAL VERIFYING AND COMPLETING THIS FORM:

(print name) _____ (signature) _____

PART II: To Be Completed By The Inland Wetlands Agency Or The Applicant5. TOWN IN WHICH THE ACTIVITY IS OCCURRING (print name): OLD LYMEdoes this project cross municipal boundaries (check one)? yes ☐ no ☒

if yes, list the other town(s) in which the activity is occurring (print name(s)): _____

6. LOCATION (see instructions for information): USGS quad name: OLD LYME or number: 100subregional drainage basin number: 4021-027. NAME OF APPLICANT VIOLATOR OR PETITIONER (print name): BEN ROCHE8. NAME & ADDRESS OF ACTIVITY / PROJECT SITE (print information): 7 THOMAS WAITE DRIVEbriefly describe the action/project/activity (check and print information): temporary ☐ permanent ☒ description: _____SINGLE FAMILY RESIDENCE AND GUEST HOUSE9. ACTIVITY PURPOSE CODE (see instructions - one code only): A10. ACTIVITY TYPE CODE(S) (see instructions for codes): 1 2 12 14

11. WETLAND / WATERCOURSE AREA ALTERED (see instructions for explanation, must provide acres or linear feet):

wetlands: 0 acres open water body: 0 acres stream: 0 linear feet12. UPLAND AREA ALTERED (must provide acres): 0.7± acres13. AREA OF WETLANDS / WATERCOURSES RESTORED, ENHANCED OR CREATED (must provide acres): 0 acres

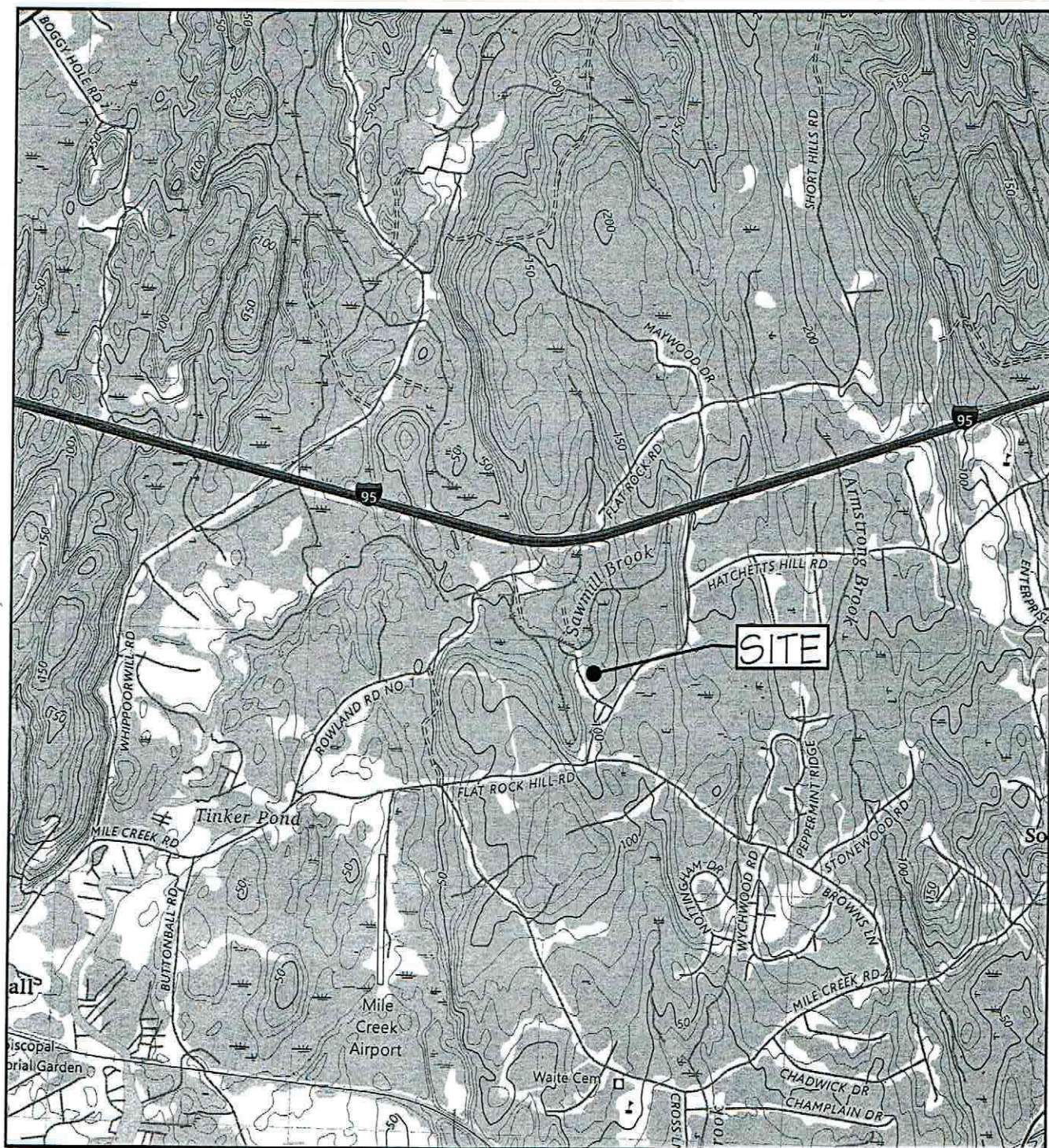
DATE RECEIVED:

PART III: To Be Completed By The DEEP

DATE RETURNED TO DEEP:

FORM COMPLETED: YES NO

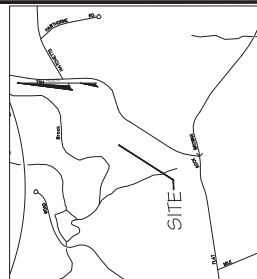
FORM CORRECTED / COMPLETED: YES NO



QUADRANGLE LOCATION

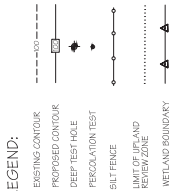
USGS QUADRANGLE MAP
SCALE: 1" = 2000'

SITE LOCATION MAP
FOR:
BEN ROACHE
7 THOMAS WAITE ROAD
OLD LYME, CONNECTICUT



LOCATION MAP
SCALE: 1"=1000'

N/F
Andrew G. & Kathleen J.
King



OWNER: LISA FLAGGE
655 SHORE ROAD
OLD LYME, CT 06371
APPLICANT: BEN ROCHE
597 E. LURAY AVE
ALEXANDRIA, VA 22304

