

TOWN OF BROOKLYN
INLAND WETLANDS COMMISSION
REQUEST FOR CHANGE IN
WETLANDS BOUNDARY

Date _____

FEE \$ _____

Application # WBC _____

State Fee \$60.00 _____

Check # _____

Public Hearing Date _____ Commission Action _____ Effective Date _____

Name of Applicant _____ Phone _____

Mailing Address _____

REQUEST TO AMEND OFFICIAL WETLANDS BOUNDARY MAP

Location/address _____

Description of wetlands involved _____

Attach Map showing present designation and proposed change

Map must be signed by a Certified Soil Scientist

REASON FOR REQUEST: