

Date Submitted \_\_\_\_\_

Fee Paid \_\_\_\_\_

Application # \_\_\_\_\_

**TOWN OF ANDOVER**  
**INLAND WETLANDS & WATERCOURSES COMMISSION**  
**Application for Permit**

**\*\*You MUST submit application to the Building Department by the close of the workday (3:00pm) WEDNESDAY of the week before the next regularly scheduled meeting of the IWWC. If Wednesday is a holiday, submit the Tuesday before.**

1. Richard C. Risley, Jr Louise A. Reagan  
Name of Applicant Evening Phone #  
85 Lakeside Drive  
Mailing address Daytime Phone #  
Andover, CT 06232 860 212-3775  
Town/State/Zip Cellular Phone #

2. \_\_\_\_\_  
Name of Authorized Agent Daytime Phone #  
(if different from applicant, example: architect/engineer/surveyor/attorney)  
\_\_\_\_\_  
Business Name Cellular Phone #  
\_\_\_\_\_  
Address Town/State/Zip

3. **Applicants interest in the Property** (please circle):  
Owner Developer Builder Option holder Other  
**If Applicant is NOT the owner, please provide:**  
\_\_\_\_\_  
Name and Address of Owner  
\_\_\_\_\_  
Home Phone Business Phone Cellular Phone #

4. **Has an application been filed with the Planning & Zoning Commission?** \_\_\_\_\_  
**Is this land part of a previously Approved Subdivision?** NO  
If so, attach copies of all permits.

- Describe the amount and area of disturbance (in percentage of acre or cubic yards of material to be deposited)

a) in the wetland/watercourse

b) in the area **adjacent** to (within 100 feet from the edge of) the wetland/watercourse, even if the wetland/watercourse is off your property.

Land disturbance only to level ground from  
crush stone pad of 12'x14'. Finishing landscaping end of  
May from retaining wall (Permit # 1WWC # 20-32)  
Ideal timing to complete tool shed before landscaping  
finalized.

9. **Proposed erosion and sedimentation controls and other management practices and mitigation measures** which may be considered as a condition of issuing a permit for the proposed regulated activity including, but not limited to, measures to (1) prevent or minimize pollution or other environmental damage, (2) maintain or enhance existing environmental quality, or (3) in the following order of priority; restore, enhance and create productive wetland or watercourse resources; alternatives considered and subsequently rejected by the applicant and why the alternative as set forth in the application was chosen; all such alternatives shall be diagramed on a site plan or drawing.

10. **Names and Addresses of adjacent property owners:**

Donald + Karin Denley 89 Lakeside Drive  
Kayaker Right of Way

11. **Owner's consenting signature:**

The undersigned, as owner of the property, hereby consents to the applicant seeking a permit for the proposed activity. The owner also consents to the necessary and proper inspections of the above referenced property, by the Andover Inland Wetlands Commission and its Agent, both before and after a final decision has been made by the Commission.

[Signature] 04/08/2021  
Signature of Owner Date  
[Signature] 4/08/2021

12. **Signature of Applicant:**

The undersigned is familiar with all the information provided in this application and is aware that any permit obtained through deception, inaccurate or misleading information is subject to revocation.

[Signature] 04/08/2021  
[Signature] 4/08/2021  
Signature of Applicant Date

13. Additional information – if deemed a significant activity by the commission additional information is required – see section 7.6 of the commission's regulations.

14. Filing fee – Consult regulations and Wetlands Agent for appropriate fees.



## Site Preparation for Buildings & Gazebos

A level site is **most important!** "Flat" (without bumps) does not necessarily mean level. Kloter Farms offers site preparation including frost protected foundations as an additional service; please call for pricing.

## Site Work by Kloter Farms

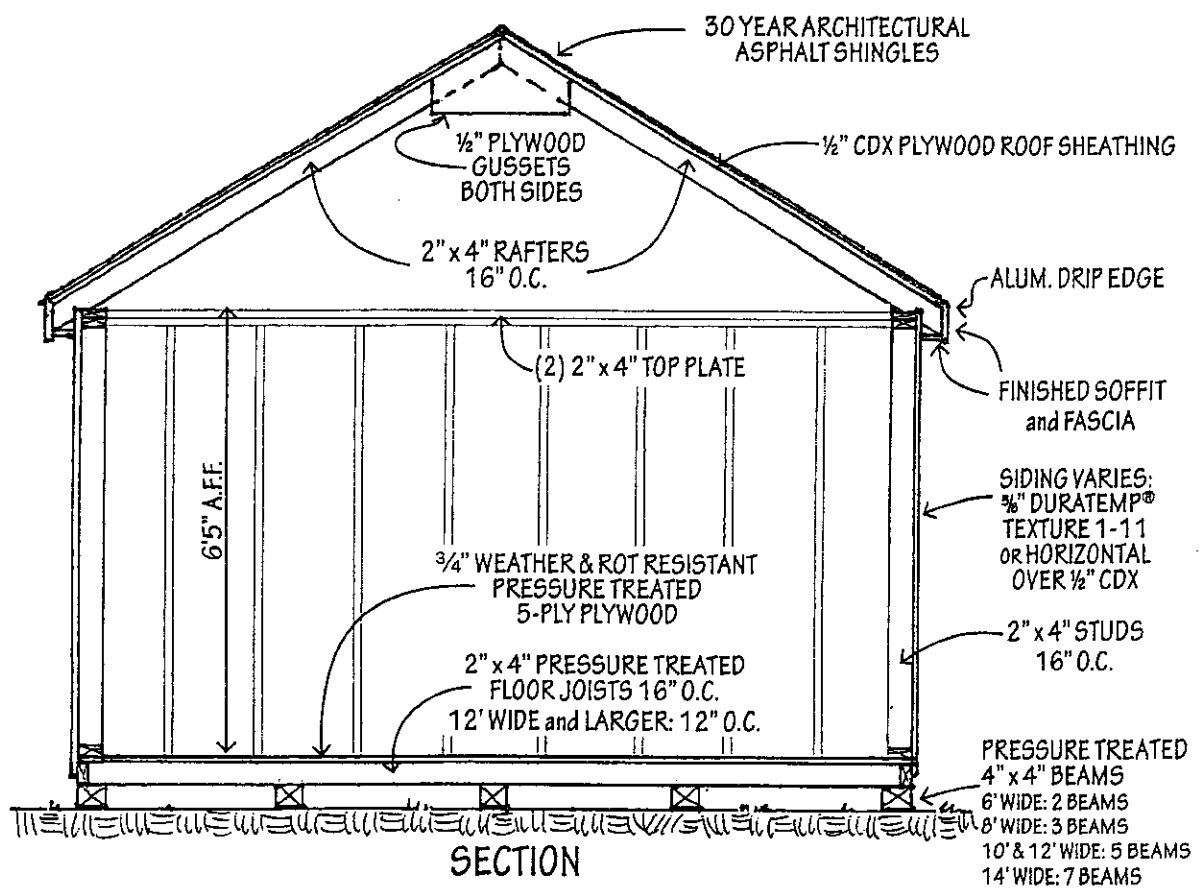
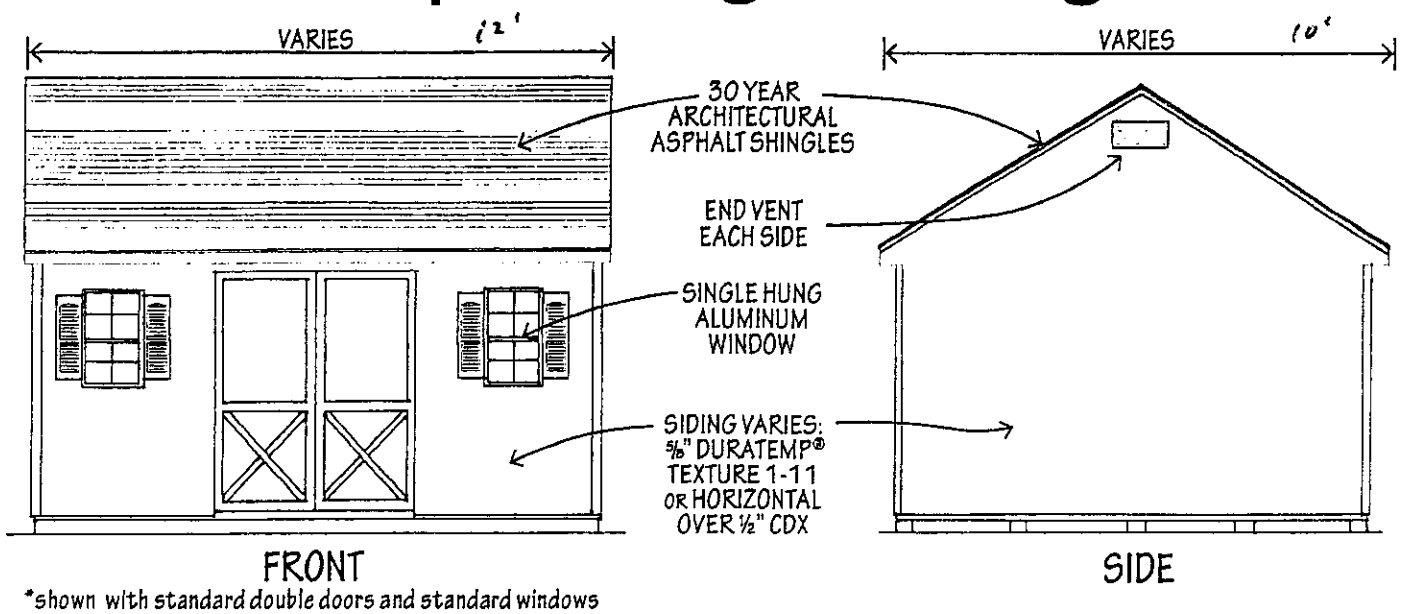
Size and price are based on building size, pad will be 1 foot larger on all sides (10' x 16' building requires 12' x 18' stone pad). Prices include 3/4" crushed stone to accommodate ground up to 6" out of level. Prices for site work also include mileage within a 10-mile radius, beyond that, \$5 per mile, one way. This service is completely separate from that of delivery and delivery charges. Your needs are never a problem. Even a difficult site will be expertly prepared and if any additional charges need occur, they will be submitted to your approval first. Prices apply to sites that are clear of protruding large stumps and rocks.

## Pricing for Crushed Stone Pad

10' 6" to peak

2020

# Cape Storage Building



**KLOTER FARMS**

[www.KloterFarms.com](http://www.KloterFarms.com)

860-871-1048 800-289-3463 Fax 860-871-1117  
216 West Road (Rte 83), Ellington, CT 06029

**NOTES:**  
Building Code - conforms to  
2018 International Residential  
Code table R301.5

Designed to resist wind gust of  
130 MPH for 3 seconds  
Design wind force - 34psf  
Design snow load - 40 psf  
Design floor load - 100 psf



# CERTIFICATE OF LIABILITY INSURANCE

KLOTE-2 OP ID: JODI

DATE (MM/DD/YYYY)  
10/26/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Dowding, Moriarty & Dimock Inc 139 Union Street Rockville, CT 06066 ED GIZA	<b>CONTACT NAME:</b> Jodi Sakal
	<b>PHONE (A/C, No, Ext):</b> 860-875-2523 <b>FAX (A/C, No):</b> 860-875-0921 <b>E-MAIL ADDRESS:</b> jsakal@dmdinsurance.com
<b>INSURED</b> Kloter Farms, Inc. Country Warehouse, LLC ATIMA 216 West Road Ellington, CT 06029	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>INSURER A:</b> TRAVELERS
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		660-3R116843	10/24/2020	10/24/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES FOR <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							
	A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		810-3R118824	10/24/2020	10/24/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$	
		A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE		CUP-4R580300	10/24/2020	10/24/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 DED \$ RETENTION \$
A			<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	UB-3R123926	10/24/2020	10/24/2021	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Evidence of Insurance

**CERTIFICATE HOLDER****CANCELLATION**Kloter Farms  
Evidence of Insurance

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Jodi Sakal*

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STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION  
450 Columbus Boulevard ♦ Hartford Connecticut 06103

Attached is your Home Improvement Contractor registration. This registration is not transferable. The Department of Consumer Protection must be notified of any changes to your registration within thirty (30) days of such change. Questions regarding this registration can be directed to the License Services Division at (860) 713-6000 or email [dep.license-services@ct.gov](mailto:dep.license-services@ct.gov).

In an effort to be more efficient and Go Green, the department asks that you keep your email information with our office current to receive correspondence. You can access your account at [www.elicense.ct.gov](http://www.elicense.ct.gov) to verify, add or change your email address.

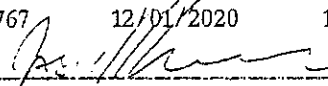
Visit our web site at [www.ct.gov/dep](http://www.ct.gov/dep) to verify registrations, download applications and the booklet for The Connecticut Contractor for Home Improvement and New Home Construction.

KLOTTER FARMS INC  
PO Box 440  
Ellington, CT 06029

STATE OF CONNECTICUT  
DEPARTMENT OF CONSUMER PROTECTION

HOME IMPROVEMENT CONTRACTOR

KLOTTER FARMS INC  
216 WEST RD  
ELLINGTON, CT 06029

Registration #	Effective	Expiration
HIC.0618767	12/01/2020	11/30/2021
SIGNED		

STATE OF CONNECTICUT ♦ DEPARTMENT OF CONSUMER PROTECTION

Be it known that

KLOTTER FARMS INC  
216 WEST RD  
ELLINGTON, CT 06029

has satisfied the qualifications required by law and is hereby registered as a

HOME IMPROVEMENT CONTRACTOR

Registration # HIC.0618767

Effective: 12/01/2020

Expiration: 11/30/2021



Michelle Seagull, Commissioner



Richard Risley  
Louise Reagan  
85 Lakeside Drive

