

# The State of New Hampshire AUG21 19 AM 9:41 DA

### **Department of Environmental Services**

#### Robert R. Scott, Commissioner

August 20, 2019

His Excellency, Governor Christopher T. Sununu and The Honorable Council State House Concord, NH 03301

#### **REQUESTED ACTION**

Approve Akwa Marina Yacht Club, LLC's request to perform the following work on Lake Winnipesaukee in Laconia. File # 2019-00803. This project will not have significant impact on or adversely affect the values of Lake Winnipesaukee.

Construct 6 foot x 91 foot piling pier, a 5 foot x 30 foot piling pier, and a 6 foot x 24 foot connecting walkway in an "h" configuration, install 4 ice clusters, 4 fender piling, and 4 personal watercraft lifts 132 feet from the intersection of the east property line and the normal high water line, permanently relocate 16 unauthorized personal watercraft lifts to be within existing boat slips, and install 6 fender piling along the eastern portion of the existing major docking facility along an average of 740 linear feet of shoreline frontage along Lake Winnipesaukee, northwest of the Weirs, in Laconia.

The New Hampshire Department of Environmental Services (NHDES) imposed the following conditions as part of this approval:

- 1. All work shall be in accordance with revised plans by Diversified Marine Construction LLC., revision dated July 1, 2019 and as received by the NH Department of Environmental Services ("the department") on July 3, 2019.
- 2. This permit is not valid and effective until it has been recorded with the appropriate county Registry of Deeds by the applicant. Prior to starting work under this permit, the permittee shall submit a copy of the recorded permit to the NHDES Wetlands Bureau by certified mail, return receipt requested.
- 3. Any subdivision of the property frontage will require removal of a sufficient portion of the docking structures to comply with the dock size and density requirements in effect at the time of the subdivision.
- 4. With the exception of the additional slips approved above, all work on this property and lakefront shall be done in accordance with the Approval Conditions as imposed on Wetland Permit # 2003-00203 approved for work on this property on August 25, 2006.
- 5. Prior to construction, the unauthorized personal watercraft lifts shall be relocated into boat slips provided within the docking structures approved under Wetland Permits #2003-00203 and 2007-02252.
- 6. All development activities associated with this project shall be conducted in compliance with applicable requirements of RSA 483-B and N.H. Code of Administrative Rules Env-Wq 1400 during and after construction.
- 7. Work shall be carried out in a time and manner to avoid disturbances to migratory waterfowl breeding and nesting areas.
- 8. Work authorized shall be carried out such that there are no discharges in or to spawning or nursery areas during spawning seasons. Impacts to such areas shall be avoided or minimized to the maximum extent practicable during all other times of the year.
- 9. Appropriate turbidity controls shall be installed prior to construction, shall be maintained during construction such that no turbidity escapes the immediate dredge area and shall remain until suspended particles have settled and water at the work site has returned to normal clarity.

- 10. Appropriate siltation and erosion controls shall be in place prior to construction, shall be maintained during construction, and shall remain until the area is stabilized. Temporary controls shall be removed once the area has been stabilized.
- 11. All construction-related debris shall be placed outside of the areas subject to RSA 482-A.
- 12. Only those structures shown on the approved plans shall be installed or constructed along this frontage. All portions of the structures shall be at least 20 feet from the abutting property lines or the imaginary extension of those lines into the water.
- 13. No person undertaking any activity shall cause or contribute to, or allow the activity to cause or contribute to, any violations of the surface water quality standards in RSA 485-A and Env-Wq 1700.
- 14. This permit shall not preclude the NHDES from initiating appropriate action if the NHDES later determines that any of the structures depicted as "existing" on the plans submitted by or on behalf of the permittee were not previously permitted or grandfathered.
- 15. All seasonal structures, including the personal watercraft lifts, shall be removed for the non-boating season.
- 16. The minimum spacing for pile bents shall be 12 feet as measured from bent center to bent center as required by Env-Wt 402.06(g).

#### EXPLANATION

The NHDES approved this project on July 23, 2019. The NHDES supported its decision with the following findings:

- 1. This is a major impact project per Administrative Rule Env-Wt 303.02(d), construction or modification of a docking system providing 5 or more slips.
- 2. The applicant has provided evidence which demonstrates that this proposal is the alternative with the least adverse impact to areas and environments under the department's jurisdiction per Rule Env-Wt 302.03.
- 3. The applicant has demonstrated by plan and example that each factor listed in Rule Env-Wt 302.04(a) Requirements for Application Evaluation, has been considered in the design of the project.
- 4. The NHDES finds that because the project is not of significant public interest and will not significantly impair the resources of Lake Winnipesaukee a public hearing under RSA 482-A:8 is not required.
- 5. The applicant has provided the NHDES with evidence that the property has insufficient water depth as required by Rule Env-Wt 402.03(b)(2).
- 6. The NHDES has accepted the evidence of the physical hardship and approved the extension of a pier beyond the standard pier length established under Rule Env-Wt 402.03(a)(1).
- 7. The property identified as Laconia Tax Map 139, lot 127-46 has an average of 340 linear feet of frontage along Lake Winnipesaukee.
- 8. Property identified as Laconia Tax Map 139, lot 127-46 and identified as Akwa Marina Yacht Club LLC., does not meet the requirements of Env-Wt 101.59, Marina, and therefore, Rule Env-Wt 402.13, Frontage Over 75' determines the number of slips that may be provided on the frontage.
- 9. A maximum of 5 slips as defined per RSA 482-A:2, VIII may be permitted on this frontage per Rule Env-Wt 402.13, Frontage Over 75'.
- 10. The existing, previously approved, major docking system on the frontage provides 76 boat slips.
- 11. Property identified as Parcel A, abutting Laconia Tax Map 139, lot 127-46 and denoted on plans prepared by David M. Dolan Associates dated February 15, 2017 and revised through December 13, 2018, has an average of 268 linear feet of frontage along Lake Winnipesaukee.
- 12. Parcel A property was granted to Akwa Marina Yacht Club by a Quieting Title (see Belknap County Superior Court Case No. 211-2018-CV-00072 "Order Quieting Title" Akwa Marina Yacht Club, LLC) and recorded with the Belknap County Registry of Deeds in Book 3213, Page 953.
- 13. A maximum of 4 slips as defined per RSA 482-A:2, VIII may be permitted on Parcel A per Rule Env-Wt 402.13, Frontage Over 75'.

- 14. This approval accepts the transfer of the 4 slips, as defined per RSA 482-A:2, VIII, which could be permitted on Parcel A, to the property identified as Laconia Tax Map 139, lot 127-46.
- 15. The installation of the proposed docking facility to the eastern portion of Laconia Tax Map 139, lot 127-46, which could be permitted adjacent to the existing major docking system is more conducive to safe navigation and the safety of those using the frontage for swimming and other non-boating activities, therefore the requirements of Rule Env-Wt 402.12 are waived.

Application file documents are being forwarded to the Governor and the Executive Council in connection with their consideration of this matter pursuant to RSA 482-A:3,II.(a) as it is a major project in public waters of the state.

Respectfully submitted,

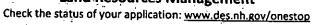
Robert R. Scott Commissioner



# WETLANDS PERMIT APPLICATION

# Water Division/ Wetlands Bureau Land Resources Management

COMPLETE





| MARSA, O.A.D.19  NEDERS LANDIRESOURCES MANAGEMENT                                                                                                                                                                    |                                                                    |                                          | Cherry Use Supersisted Supersi | 1469<br>31919,20<br>281                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
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| 1 REVIEW TIME: Indicate your Review Ti                                                                                                                                                                               | me below. To determine review t                                    | ime refer to Guid                        | ance Document A for Instruction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Standard Review (Minimum,                                                                                                                                                                                            | Minor or Major Impact)                                             |                                          | Expedited Review (Minimum In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | npact only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
| 2 MITIGATION REQUIREMENT:  If mitigation is required, a Mitigation Pre/mitigation is required please refer to the                                                                                                    | Application meeting must occur, poeter mine if Mitigation is Regul | orior to submitting                      | this Wetlands Permit Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | To determine if state                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| Mitigation Pre-Application Meeting  N/A - Mitigation is not required                                                                                                                                                 | Date: Month: Day: Yea                                              | r:                                       | i Hammac American, e Kright j                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | and a second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| 3 PROJECT LOCATION:<br>Separate wetland permit applications mus                                                                                                                                                      | t be submitted for each municipa                                   | ility within which                       | wetland impacts occur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| ADDRESS: 95 Centenary Ave                                                                                                                                                                                            |                                                                    |                                          | TOWN/CITY: Laco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| TAX MAP: 139                                                                                                                                                                                                         | BLOCK: <b>234</b>                                                  | LOT: 46                                  | UNIT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| USGS TOPO MAP WATERBODY NAME: Lake W                                                                                                                                                                                 | innipesaukee                                                       | □ NA                                     | STREAM WATERSHED SIZE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ⊠ NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| LOCATION COORDINATES (If known): 43.611                                                                                                                                                                              | / -71.463                                                          |                                          | ☐ Latitude/Longitude ☐ UTM ☐ State Plane                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| 4 : PROJECTIDESCRIPTION : Provide albrief description of the project of project. DO NO Jereply - See Attached, in the                                                                                                | e space provided below                                             |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Relinquish the rights to construct any<br>(see attached plans). Add 4 ice cluste<br>walkway and steps to the dock.                                                                                                   | shorefront dock slips on Pard<br>rs to protect the new docking     | tel A, in exchang<br>g structure and 4   | ge for adding 4 additional do<br>I fender pilings to secure wat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ck slips on Parcel B<br>er craft. Construct a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| 5 SHORELINE FRONTAGE:                                                                                                                                                                                                |                                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| N/A This does not have shoreline from                                                                                                                                                                                | tage. SHORELINE F                                                  | RONTAGE: <b>798.2</b>                    | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Carried State of Stat |  |  |  |
| Shoreline Frontage is calculated by determidrawn between the property lines, both of                                                                                                                                 | ning the average of the distances which are measured at the norm   | s of the actual natual high water line ( | ıral navigable shoreline frontage<br>(Env-Wt 101.89).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | and a straight line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| RELATED NHDES LAND RESOURCES MA<br>Please indicate if any of the following perm<br>Cordetermine if other Land Resources Mana                                                                                         | NAGEMENT PERMIT APPLICATION It applications are required and       | NS ASSOCIATED V                          | VITH THIS PROJECT:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Permit Type                                                                                                                                                                                                          | Permit Required                                                    | File Number                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Alteration of Terrain Permit Per RSA 485-A:<br>ndividual Sewerage Disposal per RSA 485-A<br>Subdivision Approval Per RSA 485-A<br>Shoreland Permit Per RSA 483-B                                                     | A:2 ☐ YES ☒ NO ☐ YES ☒ NO ☐ YES ☒ NO ☐ YES ☒ NO                    |                                          | APPROVED PENI APPROVED PENI APPROVED PENI APPROVED PENI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DING DENIED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
| NATURAL HERITAGE BUREAU & DESIGN                                                                                                                                                                                     |                                                                    | omplete a & b belo                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| . Naturai Heritage Bureau File ID: NHB 2                                                                                                                                                                             | <u> 19 - 0654 .</u>                                                |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - CARAGED STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |
| This project is within a <u>Designated River</u> corridor. The project is within ¼ mile of:; and date a copy of the application was sent to the <u>Local River Management Advisory Committee</u> : Month: Day: Year: |                                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| N/A – This project is not within a Designated River corridor.                                                                                                                                                        |                                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Irm@des.nh.gov or (603) 271-2147                                                                                                                                                                                     |                                                                    |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |

| 9 APRECANT INFORMATION (Desired permit holder)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                                                                                                                                           | Pan                                                                                                             |  |  |  |  |
| TRUST / COMPANY NAME; Akwa Marina Yacht Club, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Club, LLC MAILING ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| ELECTRONIC COMMUNICATION: By initialing here: I hereby authorize Ni                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| 9. PROPERTY OWNER INFORMATION: (If different than applicant)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Contract to the second second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ration of the second second<br>Second second second<br>Second second se |                                                                                                                 |  |  |  |  |
| CAST NAME, BIRST NAME, M.L. 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| ELECTRONIC COMMUNICATION: By Initiating here KM I hereby authorize N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| 10. AUTHORIZED AGENT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | and the second s | relative to this app                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | lication electronically.                                                                                        |  |  |  |  |
| LAST NAME, FIRST NAME, M.L. 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| MAILING ADDRESS: PO Box 7464                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| EMAIL or FAX: jfarley@divermarine.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| ELECTRONIC COMMUNICATION: By Initialing here JF. 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| See the Instructions & Regulted Attachments document for clarification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| By signing the application, I am certifying that:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| 1. I authorize the applicant and/or agent indicated on this form to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| request, supplemental information in support of this permit app                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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                                                                                                                                                   | ation, and to furnish upon                                                                                      |  |  |  |  |
| 2. I have reviewed and submitted information & attachments outling. 3. All abutters have been identified in accordance with RSA 482-A: 4. I have mad and accordance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| The state of the s | STATE OF THE STATE | nrolost turi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | •                                                                                                               |  |  |  |  |
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| 6. 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| 7. I have submitted a Request for Project Postan (gpn) re-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| the NH Division of Historical Resources to identify the presence of agency for National Historic Preservation Act (NHPA) 106 compli                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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                                                                                                                                                   | rreservation Officer (SHPO) at-                                                                                 |  |  |  |  |
| 8. I authorize NHDES and the municipal conservation commission to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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who was a second of the second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                 |  |  |  |  |
| 10. I understand that the willful submission of falsified or misreprese action.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nted information to the NHDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | rmation is true a<br>S is a criminal act                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ind accurate.<br>I, which may result in legal                                                                   |  |  |  |  |
| 11. I am aware that the work I am proposing may require additional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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                                                                                                                                             |                                                                                                                 |  |  |  |  |
| 12. The mailing addresses I have provided are up to date and appropri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | riate for receipt of NHDES corre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | enich aam respol<br>espondence, NH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Island for obtaining.                                                                                           |  |  |  |  |
| Kurt Ma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Vist.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                                                                                                                                                   | 21 / 2019                                                                                                       |  |  |  |  |
| Property Owner Signature Print name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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#### MUNICIPAL SIGNATURES

#### 12. CONSERVATION COMMISSION SIGNATURE

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

- 1. Walves 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

## 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 be 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.

-Oneughlebert

Chery 1 Hebert

rint name legibly

Lacona

Town/City

3.12.19

Date

#### DIRECTIONS FOR TOWN/CITY CLERK:

Per RSA 482-A:3,1

- 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;
  - 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                     | ا الله الله الله الله الله الله الله ال                                   | re feet and if applicable                         | linear fact of impact                               | A STATE OF THE STA |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>rermanent:</u> impacts that will remain                                 | after the project is complete                                             |                                                   | *                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Temporary: Impacts not Intended to<br>Intermittent Streams: linear footage | remain (and will be restored to pre-o                                     | onstruction conditions)                           | ofter the project is completed.                     | ر می میکند.<br>میدسید<br>رسینگ افزار مستقل سید و میشود                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Perennial Streams/Rivers: the total                                        | distance of distance is measured<br>linear-footage distance is calculated | along the thread of the<br>by summing the lengths | channel,<br>of disturbance to the channel o         | ind each bank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| JURISDICTIONAL AREA                                                        | PERMANENT Sq. Ft. / Lin. Ft.                                              |                                                   | TEMPORARYSq. Ft. / Lin. Ft                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Forested wetland                                                           | ,                                                                         | ☐ ATF                                             |                                                     | ATF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Scrub-shrub wetland                                                        |                                                                           | ATF                                               |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Emergent wetland                                                           |                                                                           | ATF                                               |                                                     | ATF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Wet meadow                                                                 |                                                                           | ATF                                               | \                                                   | ATF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Intermittent stream channel                                                | /                                                                         | ATF                                               | /                                                   | ATF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Perennial Stream / River channel                                           | 1                                                                         | ☐ ATF                                             |                                                     | - ATF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Lake / Pond                                                                | /                                                                         | · _ ATF                                           | /                                                   | ATF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Bank - Intermittent stream                                                 | 1:                                                                        | ATF                                               | . /                                                 | ATF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Bank - Perennial stream / River                                            |                                                                           | ATF                                               |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Bank - Lake / Pond                                                         | 36 /                                                                      | ☐ ATF                                             | /                                                   | ATF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| _Tidal water                                                               | /                                                                         | ☐ ATF                                             |                                                     | ATF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Salt marsh                                                                 |                                                                           |                                                   |                                                     | ATF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Sand dune                                                                  |                                                                           | ☐ ATF                                             |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Prime wetland                                                              |                                                                           |                                                   | ,                                                   | ATF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Prime wetland buffer                                                       |                                                                           | ATE                                               |                                                     | ATF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Undeveloped Tidal Buffer Zone (TBZ)                                        | 1                                                                         | ATF                                               | many therefore your of research and presentation of | ATF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Previously-developed upland in TBZ                                         |                                                                           | ATF                                               |                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Docking - Lake / Pond                                                      | 892                                                                       | TATE                                              |                                                     | ATF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Docking - River                                                            | · · · · · · · · · · · · · · · · · · ·                                     | ATF                                               |                                                     | ATF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Docking - Tidal Water                                                      | 1                                                                         | ATF                                               |                                                     | L ATF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Vernal Pool                                                                |                                                                           | ATF                                               |                                                     | ATF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| TOTAL                                                                      | 892 /                                                                     |                                                   |                                                     | ATF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 15. APPLICATION FEE: See the Instruct                                      |                                                                           |                                                   | /                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Minimum Impact Fee: Flat fee of                                            |                                                                           | nent for further instructi                        | on                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Minor or Major Impact Fee: Calcu                                           | late using the below table below                                          |                                                   | •                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Perman                                                                     | ent and Temporary (non-docking)                                           | <b>36</b> sq. ft.                                 | X \$0.20 = \$ <b>7.20</b>                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Temporary (seasonal) docking structure:                                    |                                                                           | sq. ft.                                           | X \$1.00 = _\$                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                            | Permanent docking structure:                                              | 856 sq. ft.                                       | X \$2.00 = \$ 1712.00                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                            | Projects proposing shoreline st                                           | ructures (including doc                           | ks) add \$200 = \$ 200.00                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                            |                                                                           |                                                   | Total = \$ 1919.20                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| The A                                                                      | application Fee is the above calculate                                    | d Total or \$200, whiche                          | ver is greater = \$ 1919.20                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |





# Akwa Marina Yacht Club LLC 139-234-46 Laconia, NH

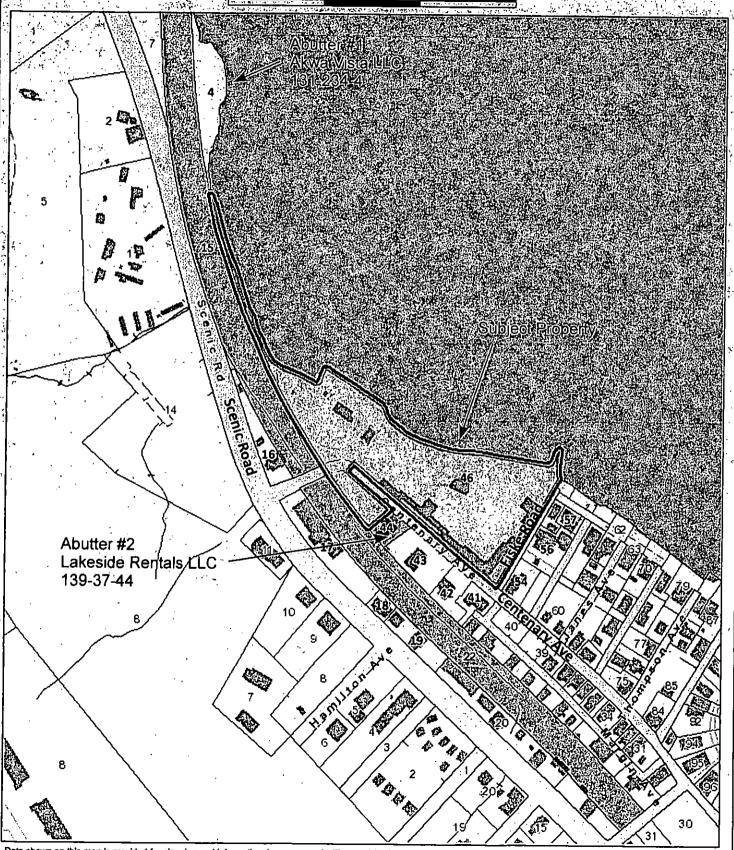
1 inch = 200 Feet



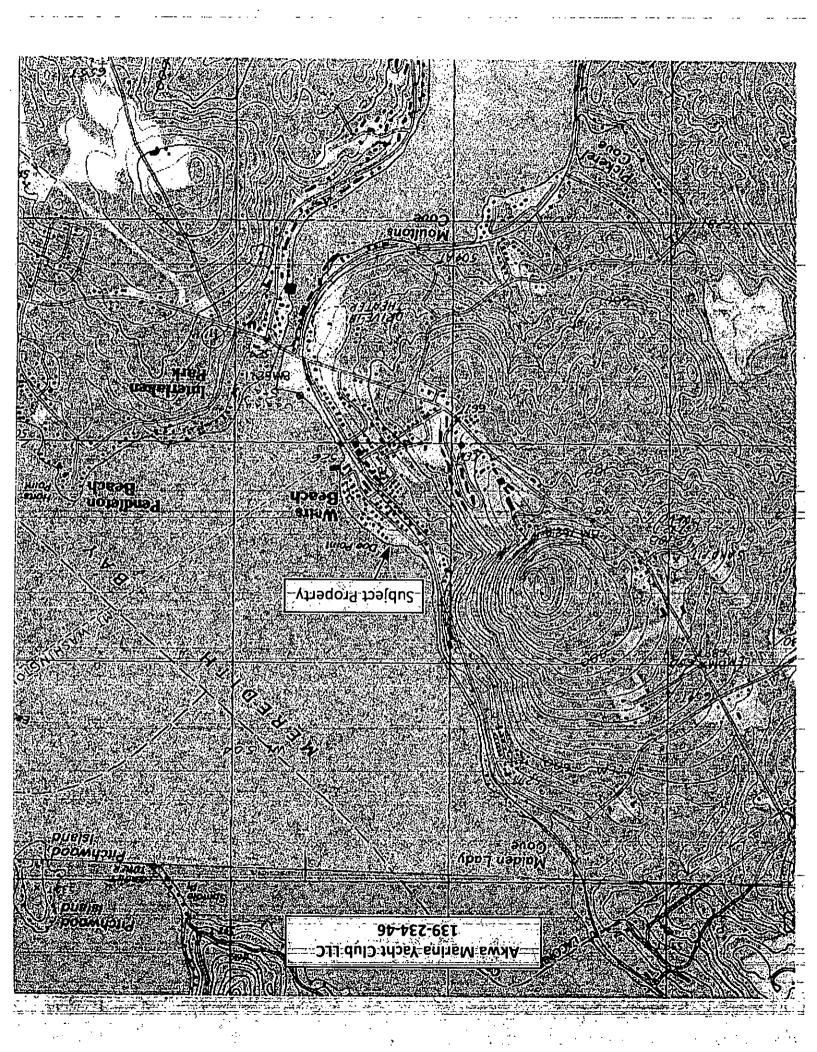
www.cai-tech.com

February 22, 2019

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Data shown on this map is provided for planning and informational purposes only. The municipality and CAI Technologies are not responsible for any use for other purposes or misuse or misrepresentation of this map.





To:

Janice Farley

PO Box 7464 Gilford, NH 03247 Date: 2/22/2019

NH Natural Heritage Bureau

Re:

Review by NH Natural Heritage Bureau of request dated 2/2

NHB File ID: NHB19-0654

Location; FTax Map(s)/Lot(s): 139-234-46

Laconia

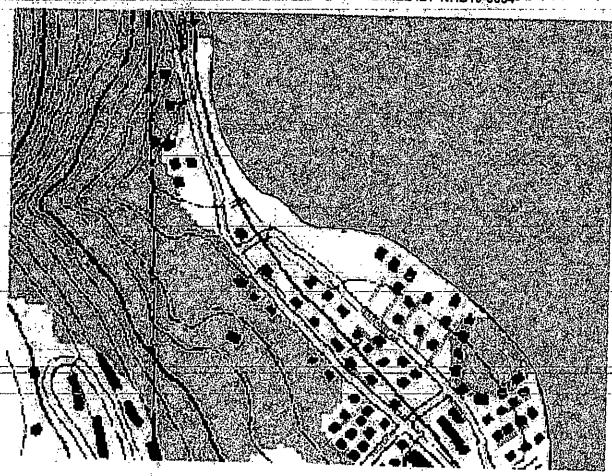
Project Description: construct a permananet docking system with 4 slips

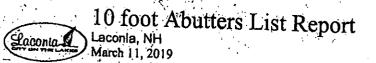
The NH Natural Heritage database has been checked for records of rare species and exemplary natural communities near the area mapped below. The species considered include those listed as Threatened or Endangered by either the state of New Hampshire or the federal government. We currently have no recorded occurrences for sensitive species hear this project area.

A negative result (no record in our database) does not mean that a sensitive species is not present. Our data can only tell you of known occurrences based on information gathered by qualified biologists and reported to our office. However, many areas have never been surveyed, or have only been surveyed for certain species. An on-site survey would provide better information on what species and communities are indeed present.

This report is valid through 2/21/2020

# MAP OF PROJECT BOUNDARIES FOR NHB FILE ID: NHB19-0654





**Subject Property:** 

Parcel Number:

139-127-46

CAMA Number:

139-127-46

Property Address: 95 CENTENARY AV

Malling Address:

AKWA MARINA YACHT CLUB LLC

Abutters:

Parcel Number:

131-234-4

CAMA Number: Property Address:

131-234-4 SCENIC RD

139-37-44

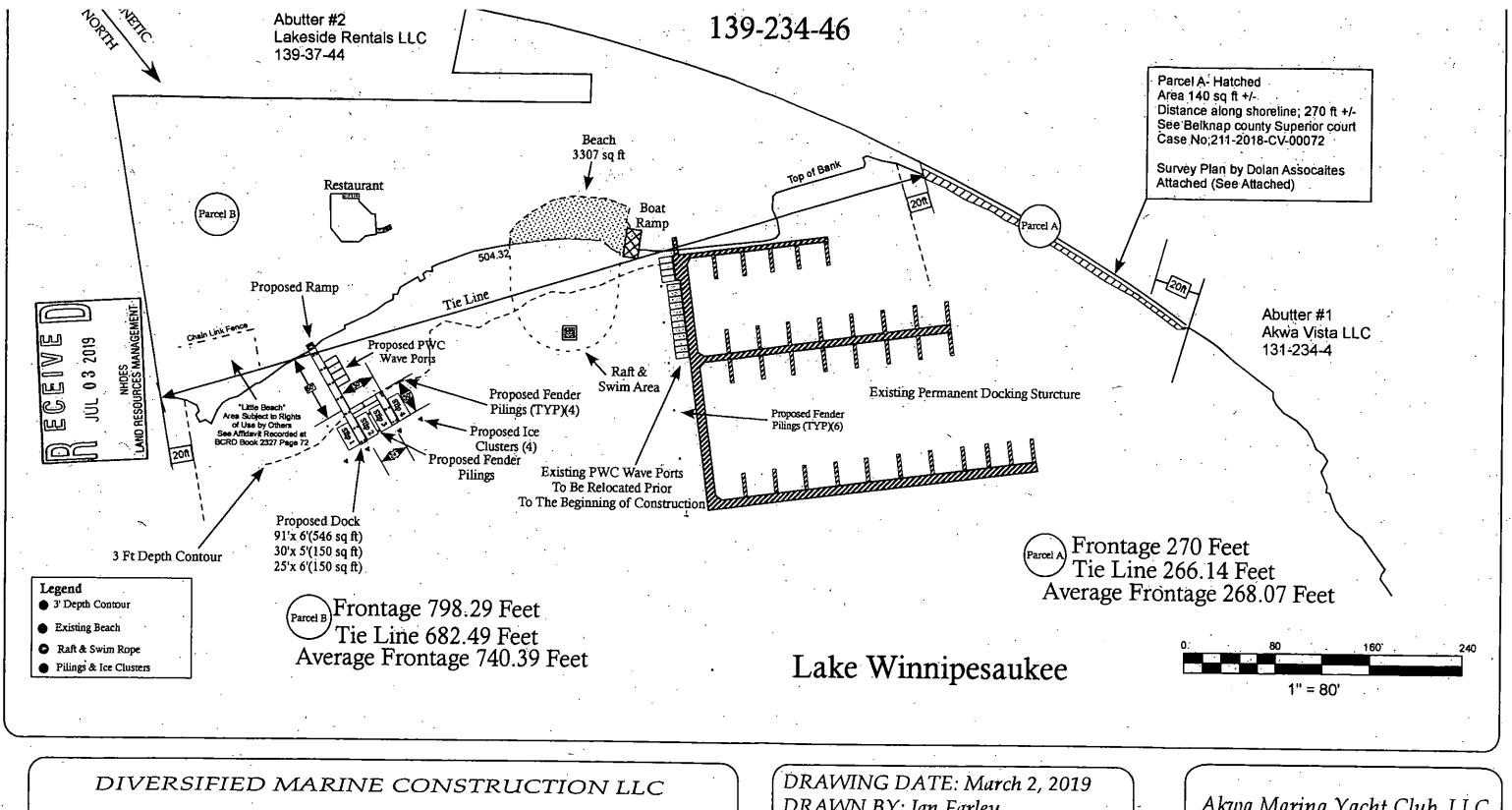
Parcel Number: CAMA Number:

139-37-44

Property Address: 82 CENTENARY AV

Mailing Address: AKWA VISTA LLC

Mailing Address: LAKESIDE RENTALS LLC



P.O. Box 7464 Gilford, NH 03247 Office (603) 603-630-2260 DRAWN BY: Jan Farley Revision 1 Date: May 25, 2019 Revised By Jan Farley

Revision 2 Date: July 1, 2019

Revised By Jan Farley

Akwa Marina Yacht Club, LLC 95 Centenary Ave. Laconia, NH