NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
Division of Fish and Wildlife | Region 3 Bureau of Ecosystem Health
21 S. Putt Corners Road | New Paltz, NY 12561
Phone: (845) 256-3087 | R3.BEH@dec.ny.gov

Request for a Wetland Determination or Delineation

To request a wetland delineation or determination on a parcel of property, you must complete this form and submit it with the items listed below to the Region 3 Bureau of Ecosystem Health staff at R3.BEH@dec.ny.gov.

Note: Wetland field work is often limited to when conditions allow (typically May 1 until November 1) because delineation is based on observance of field indicators of plants, soils, and other ground features.

1. Person requesting the service:

Name: Alan L. Pilch, PE, RLA, ALP Engineering & Landscape Architecture, PLLC
Mailing address: P.O. Box 843
City: Ridgefield State: CT Zip: 06877
Daytime phone: (203) 710-0587 Email: alpengineering-la@outlook.com

2. Landowner (if different):

Name: Jennifer and Pascal Smith Couti
Mailing address: 36 Overlook Road
City: Ossining State: NY Zip: 10562
Daytime phone: (917) 373-8718 Email: jenniferlsmith01@yahoo.com

Note: If the person requesting the delineation or determination is NOT the owner of the parcel of land, you must obtain and attach a letter with the landowner's written permission in order for an agency representative to inspect the property.

3. Reason for requesting a field inspection:

☐ Purchasing or selling the property.
☒ Proposing a project to: subdivision of property into three (3) lots
☐ Other (explain): _____

4. Property location:

Street address of property: 94 Somerstown Road
County: Westchester Town: Town of Ossining
Wetland Identification Number (e.g., GR-15) if known: _____
Tax map # _____ Tax map # 90.11-1-1

Attach the following maps:

☒ A section of either a county road map or a USGS topographic map with the location of the property highlighted.
☒ A tax map, plat, or survey map that shows all of the property boundaries.

I hereby request that a Department representative inspect the property indicated above to determine the presence or boundary of any wetlands. If delineation is performed, I agree to have the boundary surveyed and to send three (3) copies of the survey map to the Department for approval if it is deemed necessary for the purpose of any subsequent permit application.

Signature of Requester/Owner

6/13/25
Date

FOR AGENCY USE ONLY

Inquiry #:	Wetland #:	Wetland Class:	USGS Quad Name:	GIS File:
Forward to:		Date:		