



A. General Information

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Applicant:

Name _____ E-Mail Address _____

Mailing Address _____

City/Town _____ State _____ Zip Code _____

Phone Number _____ Fax Number (if applicable) _____

2. Representative (if any):

Firm _____

Contact Name _____ E-Mail Address _____

Mailing Address _____

City/Town _____ State _____ Zip Code _____

Phone Number _____ Fax Number (if applicable) _____

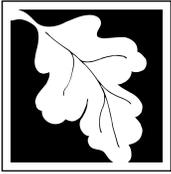
B. Determinations

1. I request the _____ Conservation Commission _____ make the following determination(s). Check any that apply:

- a. whether the **area** depicted on plan(s) and/or map(s) referenced below is an area subject to juri
- b. whether the **boundaries** of resource area(s) depicted on plan(s) and/or map(s) referenced belo
- c. whether the **work** depicted on plan(s) referenced below is subject to the Wetlands Protection Act.
- d. whether the area and/or work depicted on plan(s) referenced below is subject to the jurisdiction

Name of Municipality _____

- e. whether the following **scope of alternatives** is adequate for work in the Riverfront Area as depicted on referenced plan(s).



WPA Form 1- Request for Determination of Applicability

City/Town

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

C. Project Description

1. a. Project Location (use maps and plans to identify the location of the area subject to this request):

Street Address _____ City/Town _____

Assessors Map/Plat Number _____ Parcel/Lot Number _____

- b. Area Description (use additional paper, if necessary):

- c. Plan and/or Map Reference(s):

Title _____ Date _____

Title _____ Date _____

Title _____ Date _____

2. a. Work Description (use additional paper and/or provide plan(s) of work, if necessary):



C. Project Description (cont.)

b. Identify provisions of the Wetlands Protection Act or regulations which may exempt the applicant from having to file a Notice of Intent for all or part of the described work (use additional paper, if necessary).

3. a. If this application is a Request for Determination of Scope of Alternatives for work in the Riverfront Area, in

- Single family house on a lot recorded on or before 8/1/96
- Single family house on a lot recorded after 8/1/96
- Expansion of an existing structure on a lot recorded after 8/1/96
- Project, other than a single family house or public project, where the applicant owned the lot before 8/7/96
- New agriculture or aquaculture project
- Public project where funds were appropriated prior to 8/7/96
- Project on a lot shown on an approved, definitive subdivision plan where there is a recorded deed restriction
- Residential subdivision; institutional, industrial, or commercial project
- Municipal project
- District, county, state, or federal government project
- Project required to evaluate off-site alternatives in more than one municipality in an Environmental Impact

b. Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classification above (us



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D. Signatures and Submittal Requirements

I hereby certify under the penalties of perjury that the foregoing Request for Determination of Applicability and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge.

I further certify that the property owner, if different from the applicant, and the appropriate DEP Regional Office were sent a complete copy of this Request (including all appropriate documentation) simultaneously with the submittal of this Request to the Conservation Commission.

Failure by the applicant to send copies in a timely manner may result in dismissal of the Request for Determination of Applicability.

Name and address of the property owner:

Name _____

Mailing Address _____

City/Town _____

State _____ Zip Code _____

Signatures:

I also understand that notification of this Request will be placed in a local newspaper at my expense in accordance with Section 10.05(3)(b)(1) of the Wetlands Protection Act regulations.

Signature of Applicant _____ Date _____

Signature of Representative (if any) _____ Date _____