

STORMWATER MANAGEMENT

343 Attachment 1

Application for a Stormwater Management Permit

SMP# _____

Refer to the "Stormwater Management Regulations" available from the Conservation Commission for details on the information and fees required for this application. Contact the Commission at 508-881-0100 x 656 with any questions concerning the Regulations. Incomplete applications may be denied.

Please type or print your application.

- 1. Location and Street Address of Site 34 High Street Lot #2 Ashland, MA 01721
Name of Proposed Development 34 High Street Lot #2 Single Family Residential
- 2. Applicant's Name: Matt Labrie
Address: 280 Moody St, Waltham, MA 02453
Telephone 508-304-5409
- 3. Record Owner's Name: Meredith and Daniel Huff
Address: 34 High St Ashland, MA 01721
Telephone _____
- 4. Zoning District(s) of Parcel(s) Residential A
Town Atlas Map(s)/ Parcel Number(s) 13/163
- 5 a) Total Area of Development 1.1 ac. b) Total Area of Land Disturbed 0.895 ac.
c) Total area of land disturbed with slope of 15% of greater 0.2 ac. d) Percent of
impervious land 16.2% e) Total gross floor area of buildings proposed 2671 SF
f) Method of sewage disposal Leaching trenches
- 6. Deed Book & Page number(s) or Land Court Certificate number(s): --- 16.2%

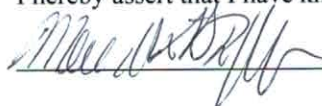
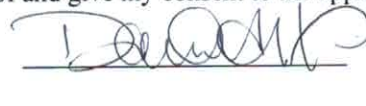
The undersigned hereby apply to the Conservation Commission for a public hearing and an SMP under the Bylaw.

The undersigned hereby certify that the information on this application and plans submitted herewith is correct, and that the application complies with all applicable provisions of Statutes, Regulations, and Bylaws to the best of his/her knowledge. The above is subscribed to and executed by the undersigned under the penalties of perjury in accordance with Section 1-A of Chapter 268, General Laws of the Commonwealth of Massachusetts.

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| | | |
| Signature of Petitioner(s) | Signature of Petitioner(s) | Date |

RECORD OWNER'S KNOWLEDGE AND CONSENT

I hereby assert that I have knowledge of and give my consent to the application presented above.

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|  |  | <u>4/14/2023</u> |
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XXXXX CODE

Signature of Record Owner(s)

Signature of Record Owner(s)

Date