

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 Algonquin Trail and Captain Eames Circle
Name of Proposed Development Transportation Improvement Project
2. Applicant's Name: Ashland Open Space Trust
Address: _____
Telephone _____
3. Record Owner's Name: Thousand Pines Development Group
Address: _____
Telephone _____
4. Zoning District(s) of Parcel(s) Residential Multi-Family (RM)
Town Atlas Map(s)/ Parcel Number(s) 21-186, 21-187, 21-193, 22-15, 25-334, 25-335
- 5 a) Total Area of Development 5 ac. b) Total Area of Land Disturbed _____ ac.
c) Total area of land disturbed with slope of 15% of greater _____ d) Percent of impervious land _____
e) Total gross floor area of buildings proposed N/A
f) Method of sewage disposal N/A
6. Deed Book & Page number(s) or Land Court Certificate number(s): --- 26233/386, 35973/349

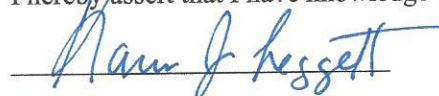
The undersigned hereby apply to the Conservation Commission for a public hearing and an SMP under the Bylaw.

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.

	_____	9/12/25
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.

	_____	9/12/25
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XXXXX CODE

Signature of Record Owner(s)

Signature of Record Owner(s)

Date