

Massachusetts Department of Environmental Protection

Bureau of Resource Protection - Wetlands



WPA Form 1- Request for Determination of Applicability Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

A. General Information

Important: When filling out forms on the computer, use only the tab key to move your	1.	Applicant: JAMES MERRIMAN Name GO PATRICIA STAPINSKI	JMEZZEZIZ@GMAIL.COM JMFZZEDI@VERIZOV.NE E-Mail Address
cursor - do not use the return key.		Mailing Address 12 APACHE ROAD, ANDOVER City/Town (508) 662-376(State Zip Code
return	2.	Representative (if any): 10+10 MORIN THE MORIN-C	Fax Number (if applicable) AMERON GROUP, INC.
		Contact Name	E-Mail Address
		Mailing Address TOPSFIELD City/Town 979 - 887 - 8586	State Zip Code
		Phone Number	Fax Number (if applicable)
	В	. Determinations	
	1.	I request the ROXTOLD make the following d	etermination(s). Check any that apply:
		a. whether the area depicted on plan(s) and/or map(s) refe jurisdiction of the Wetlands Protection Act.	renced below is an area subject to
		b. whether the boundaries of resource area(s) depicted or below are accurately delineated.	plan(s) and/or map(s) referenced
		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) reference of any municipal wetlands ordinance or bylaw of:	nced below is subject to the jurisdiction
		Name of Municipality	
		 e. whether the following scope of alternatives is adequate depicted on referenced plan(s). 	for work in the Riverfront Area as



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(8 SADDLE Street Address O Assessors Map/Plat Number	·	City/Town Parcel/Lot Number	bject to this request):
b. Area Description (use a		* -	
c. Plan and/or Map Reference PENDIN 6 Title	ence(s):		Date
Title			Date
Title			Date
		provide plan(s) of work, if ne	
APPROVED PLA			WILL



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C.	Project	Description	(cont.)
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-		NA
	a.	If this application is a Request for Determination of Scope of Alternatives for work in the
-	Riv	erfront Area, indicate the one classification below that best describes the project.
		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 decrestriction limiting total alteration of the Riverfront Area for the entire subdivision
		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 Report under MEPA or in an alternatives analysis pursuant to an application for a 404 permit from the U.S. Army Corps of Engineers or 401 Water Quality Certification from the Department of Environmental Protection.
		Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classification ove (use additional paper and/or attach appropriate documents, if necessary.)
		NA



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Name and address of the property owner:



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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	
Mailing Address	
City/Town	
State	Zip Code
natures:	
gnatures.	
lso understand that notification of this Requ	uest will be placed in a local newspaper at my expense he Wetlands Protection Act regulations.
lso understand that notification of this Requ	
lso understand that notification of this Requaccordance with Section 10.05(3)(b)(1) of the section 10.05(3)(b)(1) and the section 10.05(3)(b)(1) are the se	he Wetlands Protection Act regulations.