

WPA Form 1- Request for Determination of Applicability

City/Town

Fax Number (if applicable)

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 cursor - do not use the return key.





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1.

Applicant:		
Central Development LLC, Joseph Bocelli		
Name	E-Mail Address	3
222 Central St		
Mailing Address		
Saugus	MA	01906
City/Town	State	Zip Code
(781) 231-5990		
Phone Number	Fax Number (if applicable)	
Representative (if any): Hancock Associates Firm		
John Dick	idick@hanc	ockassociates.com
Contact Name	E-Mail Address	
185 Centre St		
Mailing Address		
Danvers	MA	01923
City/Town	State	Zip Code
(978)-777-3050	(978)-774-7	816

### В.

Phone Number

. С	Determinations
H	request the Boxford make the following determination(s). Check any that apply:  Conservation Commission
Σ	a. whether the <b>area</b> depicted on plan(s) and/or map(s) referenced below is an area subject to jurisdiction of the Wetlands Protection Act.
	b. whether the <b>boundaries</b> of resource area(s) depicted on plan(s) and/or map(s) referenced below are accurately delineated.
$\triangleright$	c. whether the <b>work</b> depicted on plan(s) referenced below is subject to the Wetlands Protection Act
Σ	d. whether the area and/or work depicted on plan(s) referenced below is subject to the jurisdiction of any <b>municipal wetlands ordinance</b> or <b>bylaw</b> of:
	Town of Boxford
	Name of Municipality
	e. whether the following <b>scope of alternatives</b> is adequate for work in the Riverfront Area as depicted on referenced plan(s).
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### C. Project Description

55 Main St	Boxford		
reet Address	City/Town		
1ap 23, Plat 1-8	Parcel 1, Lot number 12.1-12.2		
Assessors Map/Plat Number	Parcel/Lot Number		
b. Area Description (use additional pa	aper, if necessary):		
See narrative			
300 Harradivo			
c. Plan and/or Map Reference(s):			
•	01/22/2015		
Concept Site Plan Title	Date		
ritte	Date		
Title	Date		
Title	Date		
Title			
Title a. Work Description (use additional p	Date aper and/or provide plan(s) of work, if necessary):		
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C. I loject bescription (cont.)	C.	<b>Project</b>	Description (	(cont.)
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-	No work is proposed in buffer zone
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-	a. If this application is a Request for Determination of Scope of Alternatives for work in the
	Riverfront 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.
	b. Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classification above (use additional paper and/or attach appropriate documents, if necessary.)



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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.

sindicateodsiy with the submittal	of this request to the Conservation	n Commission.		
Failure by the applicant to send condetermination of Applicability.	opies in a timely manner may resu	It in dismissal of the Request for		
Name and address of the property	y owner:			
Joseph Bocelli				
Name				
222 Central St				
Mailing Address				
Saugus				
City/Town				
MA		01906		
State		Zip Code		
		Zip Oode		
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.				
Joseph A Bottles Signature of Applicant	d'	1/30/15 Date		
	HANCOCK ASSOC	04F515		
Signature of Representative (if any)		Date		

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