

Important: When filling out forms on the

key.

computer, use only the tab key to move your cursor - do not use the return

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 Boxford Wetlands Protection Bylaw, Town Code Ch. 192 & 375

A. General Information

Name 22 King John Brive	E-Mail Address	2@yahoo.cov
Mailing Address City/Town 310 308 - 1868	State	<u>01921</u> Zip Code
Phone Number	Fax Number (if ap	pplicable)
. Representative (if any):		
Firm		
Contact Name	E-Mail Address	
Mailing Address		
City/Town	State	Zip Code
Phone Number	Fax Number (if ap	pplicable)
B. Determinations I request the Boxford make the following conservation Commission	owing determination(s).	Check any that apply:
 a. whether the area depicted on plan(s) and/or map jurisdiction of the Wetlands Protection Act. 	(s) referenced below is	an area subject to
 b. whether the boundaries of resource area(s) depi below are accurately delineated. 	cted on plan(s) and/or r	map(s) referenced
pelow are accurately defineated.		
c. whether the work depicted on plan(s) referenced to	pelow is subject to the W	etlands Protection Act.
	referenced below is su	
c. whether the work depicted on plan(s) referenced by d. whether the area and/or work depicted on plan(s)	referenced below is su	
c. whether the work depicted on plan(s) referenced to the depicted on plan(s) and the depicted on plan(s) of any municipal wetlands ordinance or bylaw of:	referenced below is su	bject to the jurisdiction



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C. Project Description

i .	a. Project Location (use maps and plans to identify the location of the area substances) Street Address ZD Assessors Map/Plat Number Assessors Map/Plat Number	ject to this request):
	b. Area Description (use additional paper, if necessary): Side + back of house. Trees a leaning over the structure of house:	re The
	c. Plan and/or Map Reference(s): 22 King Juhn DR Title	8/34/15 Date
2.	Title a. Work Description (use additional paper and/or provide plan(s) of work, if neo	Date cessary):
	Remove Trees encreaching on h Trim branches that are d to hove + poof.	vsc/Roof use



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C. Project Description (cont.)

a.	If this application is a Request for Determination of Scope of Alternatives for work in the terror that 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 lobefore 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 recorder restriction 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.
h	Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classificate (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.

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:				
Charles Van Eman				
Name 22 King John Drive				
Mailing Address Box Cond				
City/Town A	01921			
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			

