

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return

key.

Massachusetts Department of Environmental Protection

Bureau of Resource Protection - Wetlands

Boxford City/Town

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

1.	Mail City	87 King George Dr ing Address Box Ford Town 781 592 0265 ne Number	E-Mail Address State Fax Number (if applical	7@MS.D.COM 01921 Zip Code			
2.	Firm	tact Name	E-Mail Address				
	City	ing Address /Town	State	Zip Code			
	Pho	ne Number	Fax Number (if applicat	ble)			
B.	 Determinations I request the Boxford make the following determination(s). Check any that apply: a. whether the area depicted on plan(s) and/or map(s) referenced below is an area subject to jurisdiction of the Wetlands Protection Act. 						
	b. whether the boundaries of resource area(s) depicted on plan(s) and/or map(s) referenced below are accurately delineated.						
	×	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) referenced below is subject to to of any municipal wetlands ordinance or bylaw of:							
		Name of Municipality					
		e. whether the following scope of alternatives is adequate depicted on referenced plan(s).	e for work in the Rive	rfront Area as			
		NA					



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C. Project Description

1,	a. Project Location (use maps and plans to identify the location of the area subj	ject to this request):				
	87 KING GEORGE DR. BOXFORD					
	Street Address City/Town					
	16 1/15	,				
	Assessors Map/Plat Number Parcel/Lot Number					
	b. Area Description (use additional paper, if necessary):	i				
	The area will be to to	he				
	left as you are facing the					
	house from the street. Current	ty it				
	is cleared but will need	to				
	be Leveled.					
	c. Plan and/or Map Reference(s):					
	SKETCH BY HOMEDWHER					
	Title	Date				
	Title	Date				
	Title	Date				
2.	a. Work Description (use additional paper and/or provide plan(s) of work, if necessary):					
	The plan is to have a 10'x11	6				
	shed built on my property.	Since				
	the yard slopes significantly, a					
		/ 1 1				
	retaining wall approximately 3	' high				
	made of landscapind timbers to and					
	21/					
	Filled with dirt then 1/4.	crished				
	stone on top to level to	he				
	grea for the shed.					



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C. Project Description (cont.)

	NA					
a R	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 de 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.					
b a	 Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classifications (use additional paper and/or attach appropriate documents, if necessary.) 					
	M					



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Name and address of the property owner:

Box ford City/Town

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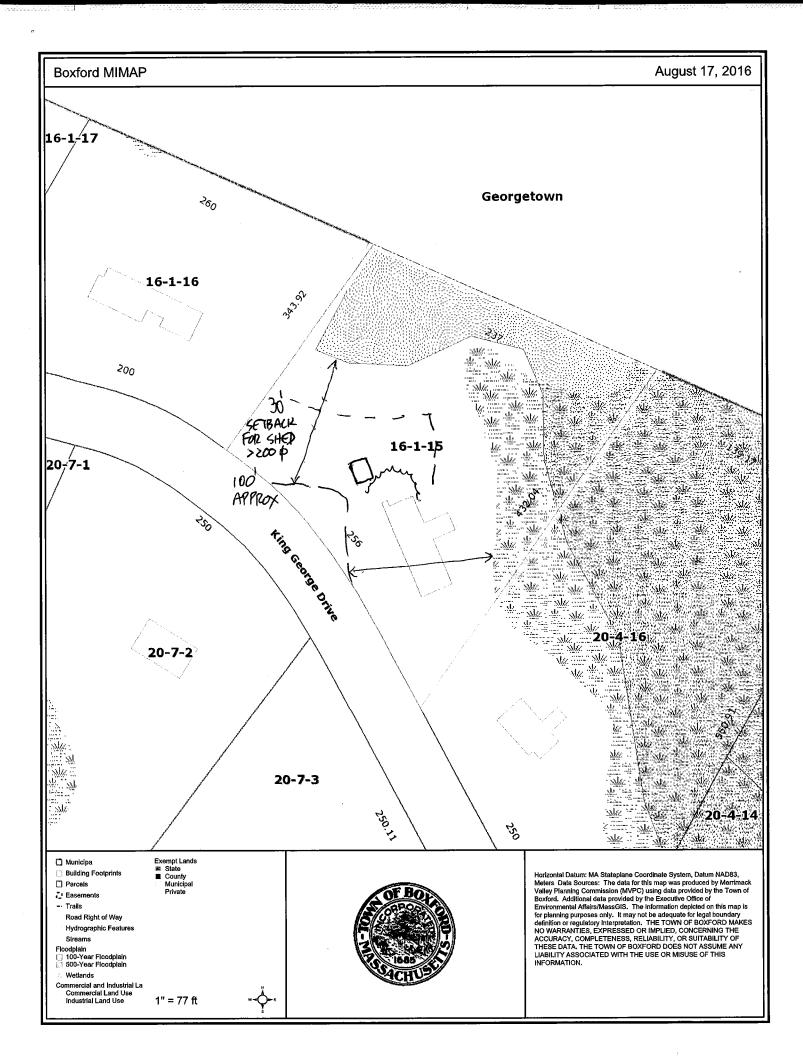
D. Signatures and Submittal Requirements

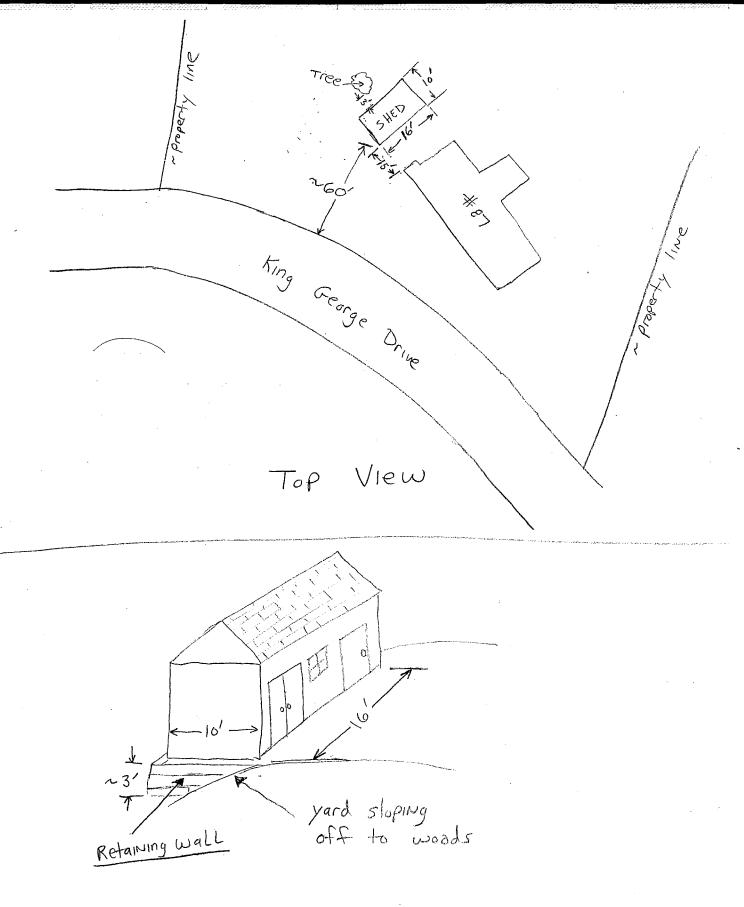
I hereby certify under the penalties of perjury that the foregoing Request for Determination of Applicability and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge.

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.

Traine and address of the prope	,						
Craig Jaco	bson						
87 King	george	drive					
Mailing Address							
City/Town		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. 8/22/16							
Signature of Applicant		Date '					
Signature of Representative (if an	у)	Date					





shed View (Leveled)