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#### Massachusetts Department of Environmental Protection

Bureau of Resource Protection - Wetlands

# WPA Form 1- Request for Determination of Applicability City/Town

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40 Boxford Wetlands Protection Bylaw, Town Code Ch. 192 & 375

#### A. General Information

Important: 1. Applicant: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return Fax Number (if applicable) Phone Number Representative (if any): Firm E-Mail Address Contact Name Mailing Address Zip Code City/Town State Fax Number (if applicable) Phone Number **B.** Determinations 1. I request the 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 the jurisdiction of any municipal wetlands ordinance or bylaw of: Name of Municipality e. whether the following scope of alternatives is adequate for work in the Riverfront Area as depicted on referenced plan(s).



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# C. Project Description

Street Address  Assessors Map/Plat Nu	mber	City/Town	// Comber	
	on (use additional paper, i	f necessary):	,,,,,	
c. Plan and/or Ma	ap Reference(s):			
Title			Date	
Title	<del></del>		Date	
Title			Date	
a. Work Description (use additional paper and/or provide plan(s) of work, if necessary):				
Upgrade existing system IN accordance with Upgrade Plan of Subsurface Tisposal System "IN Boxford, Mass.  dated 9-7-16 and Revised 10-3-16				
with "Upgrade Plan of Subsurface				
Tisposal System "IN BOXLORD, Mass.				
dated	9-7-16 an	id Revised	10-3-16	



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# C. Project Description (cont.)

	NA .
a. Ri	If this application is a Request for Determination of Scope of Alternatives for work in the verfront 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. ab	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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### 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:

Name

Name  TAMES A. & JANET	y. Foley
Mailing Address  174 BRADE Orth St.  City/Town  Nonth ANDOVER, MA	<b>,</b>
City/Town North Andover, MA	01845
State	Zip Code
Signatures:	
I also understand that notification of this Request will b in accordance with Section 10.05(3)(b)(1) of the Wetlan	
James N Foler	10/10/2016
Signature of Applicant	Date
Quet Toley	
Signature of Representative (if any)	Date