

Notice of Intent

255 Main Street
Boxford, Massachusetts
5 May 2016

Prepared for: Joseph Boccelli

Prepared by: Hancock Associates

Submitted to: Boxford Conservation Commission

Find Attached:

- Notice of Intent
- NOI Fee Transmittal Form
- Copy of Local Bylaw Check
- Request for Certified Abutter's List
- Certified Abutter's List (14 April 2016)
- Locus Map
- Permit Site Plan (Pages 1-5)

DANVERS, MA 185 Centre Street Danvers, MA 01923 Phone: 978-777-3050 Fax: 978-774-7816 MARLBOROUGH, MA 315 Elm Street Marlborough, MA 01752 Phone: 508-460-1111 Fax: 508-460-1121 CHELMSFORD, MA 34 Chelmsford Street, Unit 2 Chelmsford, MA 01824 Phone: 978-244-0110 Fax: 978-244-1133

PRINCETON, MA P.O. Box 97 Princeton, MA 01541 Phone: 978-464-5890 Fax: 978-464-5383 SALEM, NH P.O. Box 205 403 Main Street, Unit 202 Salem, NH 03079 Phone: 603-898-4701



WPA Form 3 - Notice of Intent

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Provided by MassDEP: MassDEP File Number **Document Transaction Number Boxford**

City/Town

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





Note: Before completing this form consult your local Conservation Commission regarding any municipal bylaw or ordinance.

A. General Information

255 Main Street		Boxford	01921
a. Street Address		b. City/Town	c. Zip Code
Latitude and Long	itude:	d. Latitude	e. Longitude
23		1/12.1 & 12.3	e. Longitude
f. Assessors Map/Plat	Number	g. Parcel /Lot Number	***
Applicant:			
Joseph		Boccelli	
a. First Name		b. Last Name	
Central Developm	ent LLC		
c. Organization			
d. Street Address	<u> </u>		
Saugus		MA	01906
e. City/Town		f. State	g. Zip Code
* =			g. 2. p 0000
h. Phone Number	i. Fax Number	j. Email Address	
D	1 1 15 1155		
Property owner (re	equired if different from a	pplicant):	nore than one owner
Applicant is Owne	<u> </u>		
a. First Name		b. Last Name	
c. Organization			
d. Street Address			
u. Street Address			
e. City/Town		f. State	g. Zip Code
		State	g. 2.1p 0000
h. Phone Number	i. Fax Number	j. Email address	
Representative (if	anv):		
John		Diele	
a. First Name	W	Dick b. Last Name	
Hancock Associate	es.	b. Eddt Name	
c. Company			
185 Centre Street			
 d. Street Address 		BAA.	
Danvers		IVIA	01923
		MA f. State	01923 g. Zip Code
Danvers	978-774-7816		g. Zip Code
Danvers e. City/Town	978-774-7816 i. Fax Number	f. State	g. Zip Code
Danvers e. City/Town 978-777-3050 h. Phone Number	i. Fax Number	f. State jdick@hancockassociat j. Email address	g. Zip Code
Danvers e. City/Town 978-777-3050 h. Phone Number Total WPA Fee Pa	i. Fax Number id (from NOI Wetland Fe	f. State jdick@hancockassociat j. Email address	g. Zip Code
Danvers e. City/Town 978-777-3050 h. Phone Number	i. Fax Number id (from NOI Wetland Feaw Only	f. State jdick@hancockassociat j. Email address e Transmittal Form): \$1	g. Zip Code



WPA Form 3 – Notice of Intent
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MassDEP File Number
Document Transaction Number
Boxford
City/Town

400		
A	A. General Information (continued)	
6.	6. General Project Description:	
	Maintanence of exsisting siltation fences, sedimentation Site preparation which may have lead to runoff into wet stabilization measures.	n basins, and other erosion control practices. tland resource area, including the finishing of
7a	7a. Project Type Checklist: (Limited Project Types see Sec	ction A. 7b.)
	1. Single Family Home 2.	Residential Subdivision
	3. Commercial/Industrial 4.	☐ Dock/Pier
	5. Utilities 6.	☐ Coastal engineering Structure
	7. Agriculture (e.g., cranberries, forestry) 8.	☐ Transportation
	9. Dther	
7b.	'b. Is any portion of the proposed activity eligible to be treat Restoration Limited Project) subject to 310 CMR 10.24	(coastal) or 310 CMR 10.53 (inland)?
	1 No If yes, describe which limited pr	roject applies to this project. (See 310 CMR list and description of limited project types)
	2. Limited Project Type	
	If the proposed activity is eligible to be treated as an EccCMR10.24(8), 310 CMR 10.53(4)), complete and attach Project Checklist and Signed Certification.	ological Restoration Limited Project (310 Appendix A: Ecological Restoration Limited
8.	. Property recorded at the Registry of Deeds for:	
	Southern Essex	
		Certificate # (if registered land)
	33687 c. Book	4 Page Number
B	B. Buffer Zone & Resource Area Impacts	
	(
1.	 Buffer Zone Only – Check if the project is located on Vegetated Wetland, Inland Bank, or Coastal Resource 	nly in the Buffer Zone of a Bordering
2.		if not applicable, go to Section B.3,
	Check all that apply below. Attach narrative and any sup project will meet all performance standards for each of the standards requiring consideration of alternative project described in the standards.	he resource areas altered, including



For all projects affecting other Resource Areas, please attach a narrative explaining how the resource area was delineated.

Massachusetts Department of Environmental Protection

Bureau of Resource Protection - Wetlands

WPA Form 3 - Notice of Intent

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

ro	vided by MassDEP:
	MassDEP File Number
	Document Transaction Number
	Boxford
	City/Town

B. Buffer Zone & Resource Area Impacts (temporary & permanent) (cont'd)

	Resour	ce Area	Size of Proposed Alteration	Proposed Replacement (if any)
	a. 🗌	Bank	1. linear feet	2. linear feet
	b	Bordering Vegetated Wetland	1. square feet	2. square feet
	с. 🗌	Land Under Waterbodies and	1. square feet	2. square feet
		Waterways	3. cubic yards dredged	
	Resour	ce Area	Size of Proposed Alteration	Proposed Replacement (if any)
	d. 🗌	Bordering Land Subject to Flooding	1. square feet	2. square feet
	е. 🗌	Isolated Land	3. cubic feet of flood storage lost	4. cubic feet replaced
		Subject to Flooding	1. square feet	
			2. cubic feet of flood storage lost	3. cubic feet replaced
	f. 🗌	Riverfront Area	Name of Waterway (if available) - spec	ify coastal or inland
	2.	Width of Riverfront Area (d	check one):	
		25 ft Designated De	nsely Developed Areas only	
		☐ 100 ft New agricultu	ral projects only	
		200 ft All other proje	ects	
	3. T	otal area of Riverfront Area	on the site of the proposed project	:
	4. F	Proposed alteration of the R	iverfront Area:	· square feet
	a. to	otal square feet	b. square feet within 100 ft.	c. square feet between 100 ft. and 200 ft.
	5. H	las an alternatives analysis	been done and is it attached to this	NOI? Yes No
	6. V	Vas the lot where the activit	y is proposed created prior to Augu	st 1, 1996? ☐ Yes ☐ No
3.	☐ Coa	stal Resource Areas: (See	310 CMR 10.25-10.35)	
	Note: fo	or coastal riverfront areas, p	please complete Section B.2.f. abo	ve.



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Bureau of Resource Protection - Wetlands

WPA Form 3 - Notice of Intent

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Pro	ovided by MassDEP:
	MassDEP File Number
	Document Transaction Number
	Boxford
	Citv/Town

B. Buffer Zone & Resource Area Impacts (temporary & permanent) (cont'd)

Check all that apply below. Attach narrative and supporting documentation describing how the project will meet all performance standards for each of the resource areas altered, including standards requiring consideration of alternative project design or location.

Online Users: Include your document transaction number (provided on your receipt page) with all supplementary information you submit to the Department.

Resou	rce Area	Size of Proposed Altera	<u>Proposed Replacement (if any)</u>
а. 🗌	Designated Port Areas	Indicate size under La	nd Under the Ocean, below
b. 🗌	Land Under the Ocean	1. square feet	
		2. cubic yards dredged	
c. 🗌	Barrier Beach	Indicate size under Coas	stal Beaches and/or Coastal Dunes below
d. 🗌	Coastal Beaches	1. square feet	2. cubic yards beach nourishment
е. 🗌	Coastal Dunes	1. square feet	2. cubic yards dune nourishment
		Size of Proposed Alterat	tion Proposed Replacement (if any)
f g	Coastal Banks Rocky Intertidal	1. linear feet	
	Shores	1. square feet	
h i	Salt Marshes Land Under Salt	1. square feet	2. sq ft restoration, rehab., creation
	Ponds	1. square feet	
j. 🔲	Land Containing Shellfish	2. cubic yards dredged	
k. 🗌	Fish Runs	square feet Indicate size under Coas Ocean, and/or inland Lar above	stal Banks, inland Bank, Land Under the nd Under Waterbodies and Waterways,
I. 🔲	Land Subject to Coastal Storm Flowage	cubic yards dredged square feet	
If the pr	storation/Enhancement roject is for the purpose of r footage that has been ente	restoring or enhancing a w red in Section B.2.b or B.3	vetland resource area in addition to the 3.h above, please enter the additional
a. square	feet of BVW	b. square	e feet of Salt Marsh
☐ Pro	ject Involves Stream Cross	ings	
a. numbe	r of new stream crossings	b. numbe	er of replacement stream crossings

4.

5.



2.

Massachusetts Department of Environmental Protection Bureau of Resource Protection - Wetlands

WPA Form 3 - Notice of Intent

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Pro	vided by MassDEP:
	MassDEP File Number
	Document Transaction Number
	Boxford
	City/Town

C. (Other	Applicable	Standards	and	Requirements
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Ш	This is a proposal for an Ecological Restoration Limited Project. Skip Section C and
	complete Appendix A: Ecological Restoration Notice of Intent - Required Actions (310 CMR
	10.11).

Streamlined Massachusetts Endangered Species Act/Wetlands Protection Act Review

1.	Is any portion of the proposed project located in Estimated Habitat of Rare Wildlife as indicated on the most recent Estimated Habitat Map of State-Listed Rare Wetland Wildlife published by the Natural Heritage and Endangered Species Program (NHESP)? To view habitat maps, see the <i>Massachusetts Natural Heritage Atlas</i> or go to http://maps.massgis.state.ma.us/PRI EST HAB/viewer.htm.
	a. Yes No If yes, include proof of mailing or hand delivery of NOI to:
	Natural Heritage and Endangered Species Program Division of Fisheries and Wildlife 1 Rabbit Hill Road Westborough, MA 01581
	If yes, the project is also subject to Massachusetts Endangered Species Act (MESA) review (321 CMR 10.18). To qualify for a streamlined, 30-day, MESA/Wetlands Protection Act review, please complete Section C.1.c, and include requested materials with this Notice of Intent (NOI); OR complete Section C.2.f, if applicable. If MESA supplemental information is not included with the NOI, by completing Section 1 of this form, the NHESP will require a separate MESA filing which may take up to 90 days to review (unless noted exceptions in Section 2 apply, see below).
	c. Submit Supplemental Information for Endangered Species Review*
	Percentage/acreage of property to be altered:
	(a) within wetland Resource Area percentage/acreage
	(b) outside Resource Area percentage/acreage
	2. Assessor's Map or right-of-way plan of site
2.	Project plans for entire project site, including wetland resource areas and areas outside of wetlands jurisdiction, showing existing and proposed conditions, existing and proposed tree/vegetation clearing line, and clearly demarcated limits of work **
	(a) Project description (including description of impacts outside of wetland resource area & buffer zone)

(b) Photographs representative of the site

Some projects not in Estimated Habitat may be located in Priority Habitat, and require NHESP review (see http://www.mass.gov/eea/agencies/dfg/dfw/natural-heritage/regulatory-review/). Priority Habitat includes habitat for state-listed plants and strictly upland species not protected by the Wetlands Protection Act.

^{**} MESA projects may not be segmented (321 CMR 10.16). The applicant must disclose full development plans even if such plans are not required as part of the Notice of Intent process. wpaform3.doc • rev. 3/10/2016 Page 5 of 9



WPA Form 3 – Notice of Intent

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

٨	MassDEP File Number
_	Occument Transaction Number
E	Boxford
-	City/Town

C. Other Applicable Standards and Requirements (cont'd)

wake	MESA filing fee (fee information availa www.mass.gov/dfwele/dfw/nhesp/regula check payable to "Commonwealth of Ma e address	tory review/mesa/mesa	f <u>ee_schedule.htm</u>). nd <i>mail to NHESP</i> at
Projec	ts altering 10 or more acres of land, also su	bmit:	
(d)	Vegetation cover type map of site		
(e)	Project plans showing Priority & Estim	ated Habitat boundaries	
(f) O	R Check One of the Following		
1. 🗌	Project is exempt from MESA review. Attach applicant letter indicating which http://www.mass.gov/dfwele/dfw/nhesp the NOI must still be sent to NHESP if 310 CMR 10.37 and 10.59.)	o/regulatory_review/mesa	mesa exemptions htm.
2. 🗌	Separate MESA review ongoing.	a. NHESP Tracking #	b. Date submitted to NHESP
3.	Separate MESA review completed. Include copy of NHESP "no Take" determit with approved plan.	ermination or valid Conser	vation & Management
For coasta line or in a	I projects only, is any portion of the properties run?	osed project located below	v the mean high water
a. 🛛 Not a	applicable - project is in inland resource	area only b. Yes	☐ No
If yes, inclu	ide proof of mailing, hand delivery, or ele	ectronic delivery of NOI to	either:
South Shore the Cape &	e - Cohasset to Rhode Island border, and Islands:	North Shore - Hull to New	Hampshire border:
Southeast M Attn: Enviror 1213 Purcha New Bedford	Marine Fisheries - Ilarine Fisheries Station Ilarine Reviewer Ilare Street – 3rd Floor Ilare MA 02740-6694 F.EnvReview-South@state.ma.us	Division of Marine Fisherie North Shore Office Attn: Environmental Review 30 Emerson Avenue Gloucester, MA 01930 Email: <u>DMF.EnvReview</u>	ver

Also if yes, the project may require a Chapter 91 license. For coastal towns in the Northeast Region, please contact MassDEP's Boston Office. For coastal towns in the Southeast Region, please contact MassDEP's Southeast Regional Office.

3.



Online Users:

Include your document transaction number (provided on your receipt page) with all supplementary information you submit to the Department.

Massachusetts Department of Environmental Protection Bureau of Resource Protection - Wetlands

WPA Form 3 – Notice of Intent

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Pro	vided by MassDEP:
	MassDEP File Number
	Document Transaction Number
	Boxford
	City/Tourn

C. Other Applicable Standards and Requirements (cont'd)

4.	Is any	portion of the proposed project within an Area of Critical Environmental Concern (ACEC)?
	a. 🗌 Y	Marie and the second se
	b. ACEC	
5.	Is any p (ORW)	portion of the proposed project within an area designated as an Outstanding Resource Water as designated in the Massachusetts Surface Water Quality Standards, 314 CMR 4.00?
	a. 🗌 Y	
6.	Is any p Restrict	portion of the site subject to a Wetlands Restriction Order under the Inland Wetlands ion Act (M.G.L. c. 131, § 40A) or the Coastal Wetlands Restriction Act (M.G.L. c. 130, §
	a. 🗌 Y	es 🛮 No
7.	Is this p	roject subject to provisions of the MassDEP Stormwater Management Standards?
	a. 🗌	Yes. Attach a copy of the Stormwater Report as required by the Stormwater Management
	1.	Standards per 310 CMR 10.05(6)(k)-(q) and check if: Applying for Low Impact Development (LID) site design credits (as described in Stormwater Management Handbook Vol. 2, Chapter 3)
	2.	A portion of the site constitutes redevelopment
	3.	Proprietary BMPs are included in the Stormwater Management System.
	b. 🛛	No. Check why the project is exempt:
	1.	Single-family house
	2.	Emergency road repair
TO-	3. C	equal to 4 units in multi-family housing project) with no discharge to Critical Areas.
D.	Addit	tional Information
	This is a Appendi 10.12).	proposal for an Ecological Restoration Limited Project. Skip Section D and complete x A: Ecological Restoration Notice of Intent – Minimum Required Documents (310 CMR
	Applican	ts must include the following with this Notice of Intent (NOI). See instructions for details.
	Online U	Jsers: Attach the document transaction number (provided on your receipt page) for any of ving information you submit to the Department.
		USGS or other map of the area (along with a narrative description, if necessary) containing sufficient information for the Conservation Commission and the Department to locate the site. (Electronic filers may omit this item.)
	6	Plans identifying the location of proposed activities (including activities proposed to serve as a Bordering Vegetated Wetland [BVW] replication area or other mitigating measure) relative the boundaries of each affected resource area.



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Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Pro	vided by MassDEP:
	MassDEP File Number
	Document Transaction Number
	Boxford
	City/Town

D. Add	itional	Information	(cont'd)
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	· Auc	intional information (conta)		
	3. 🗌	Identify the method for BVW and other res Field Data Form(s), Determination of Appl and attach documentation of the meth	icability, Order of Resource	eations (MassDEP BVW Area Delineation, etc.),
	4.	List the titles and dates for all plans and of	ther materials submitted wit	th this NOI
	Pe	rmit Site Plan - Pages 1-5	The state of the s	
	a. l	Plan Title		
	KN	IR/JPC	Vaclav V. Talacko	
		Prepared By	c. Signed and Stamped by	
		April 2016	1" = 30'	
	d. F	inal Revision Date	e. Scale	
	f. A	dditional Plan or Document Title		a Data
	5. 🗌	If there is more than one property owner, plisted on this form.	lease attach a list of these	g. Date property owners not
	6.	Attach proof of mailing for Natural Heritage	and Endangered Species	Program, if needed.
	7.	Attach proof of mailing for Massachusetts I	Division of Marine Fisheries	s, if needed.
	8.	Attach NOI Wetland Fee Transmittal Form		
	9.	Attach Stormwater Report, if needed.		
E.	Fees			
	1.	Fee Exempt: No filing fee shall be assessed of the Commonwealth, federally recognized authority, or the Massachusetts Bay Transp	I Indian tribe housing autho	wn, county, or district rity, municipal housing
	Application Fee Tra	nts must submit the following information (in nsmittal Form) to confirm fee payment:	addition to pages 1 and 2	of the NOI Wetland
	641	, and the paymont.	4 May 2016	
		al Check Number	3. Check date	
	4. State C	heck Number	5. Check date	
	Joseph		Boccelli	
	6. Payor n	ame on check: First Name	7. Payor name on check: La	ast Name



WPA Form 3 - Notice of Intent

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Provided by MassDEP:

MassDEP File Number

Document Transaction Number

Boxford

City/Town

F. Signatures and Submittal Requirements

10

I hereby certify under the penalties of perjury that the foregoing Notice of Intent and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge. I understand that the Conservation Commission will place notification of this Notice in a local newspaper at the expense of the applicant in accordance with the wetlands regulations, 310 CMR 10.05(5)(a).

I further certify under penalties of perjury that all abutters were notified of this application, pursuant to the requirements of M.G.L. c. 131, § 40. Notice must be made by Certificate of Mailing or in writing by hand delivery or certified mail (return receipt requested) to all abutters within 100 feet of the property line of the project location.

Joseph A Broall	5-4-16
1. Signature of Applicant	2. Date
Sarah Boull	5-4-16
3. Signature of Property Owner (if different)	4. Date
HANCOCK ASSOC.	054416
5. Signature of Representative (if any)	6. Date

For Conservation Commission:

Two copies of the completed Notice of Intent (Form 3), including supporting plans and documents, two copies of the NOI Wetland Fee Transmittal Form, and the city/town fee payment, to the Conservation Commission by certified mail or hand delivery.

For MassDEP

One copy of the completed Notice of Intent (Form 3), including supporting plans and documents, one copy of the NOI Wetland Fee Transmittal Form, and a **copy** of the state fee payment to the MassDEP Regional Office (see Instructions) by certified mail or hand delivery.

Other:

If the applicant has checked the "yes" box in any part of Section C, Item 3, above, refer to that section and the Instructions for additional submittal requirements.

The original and copies must be sent simultaneously. Failure by the applicant to send copies in a timely manner may result in dismissal of the Notice of Intent.



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

NOI Wetland Fee Transmittal Form

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

A.	Applicant Infor	mation			
1.	Location of Project:				
	255 Main Street		Boxford		
	a. Street Address		b. City/Town	1	
	c. Check number		d. Fee amou	ınt	
2.	Applicant Mailing Addr	ess:			
	Joseph		Boccelli		
	a. First Name		b. Last Nam	e	
	Central Development L	LC			
	c. Organization				
	222 Central Street				
	d. Mailing Address				
	Saugus			MA	01906
	e. City/Town			f. State	g. Zip Code
	h. Phone Number	i. Fax Number	j. Email Addr	ess	
3.	Property Owner (if diffe	erent):			
	Applicant is Owner				
	a. First Name		b. Last Name	•	
	c. Organization				
	d. Mailing Address				
	e. City/Town			f. State	g. Zip Code
	h. Phone Number	i. Fax Number	j. Email Addre	ess	

To calculate filing fees, refer to the category fee list and examples in the instructions for filling out WPA Form 3 (Notice of Intent).

B. Fees

Fee should be calculated using the following process & worksheet. Please see Instructions before filling out worksheet.

Step 1/Type of Activity: Describe each type of activity that will occur in wetland resource area and buffer zone.

Step 2/Number of Activities: Identify the number of each type of activity.

Step 3/Individual Activity Fee: Identify each activity fee from the six project categories listed in the instructions.

Step 4/Subtotal Activity Fee: Multiply the number of activities (identified in Step 2) times the fee per category (identified in Step 3) to reach a subtotal fee amount. Note: If any of these activities are in a Riverfront Area in addition to another Resource Area or the Buffer Zone, the fee per activity should be multiplied by 1.5 and then added to the subtotal amount.

Step 5/Total Project Fee: Determine the total project fee by adding the subtotal amounts from Step 4.

Step 6/Fee Payments: To calculate the state share of the fee, divide the total fee in half and subtract \$12.50. To calculate the city/town share of the fee, divide the total fee in half and add \$12.50.



Massachusetts Department of Environmental Protection

Bureau of Resource Protection - Wetlands

NOI Wetland Fee Transmittal Form

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

B. Fees (continued)			
Step 1/Type of Activity	Step 2/Number of Activities	Step 3/Individual Activity Fee	Step 4/Subtotal Activity Fee
New Single Family House	1	\$1,000	\$1,000
Local bylaw only		-	
		-	
		-	
	Step 5/To	otal Project Fee:	\$1,000
	Step 6/I	Fee Payments:	
	Total I	Project Fee:	\$1,000 a. Total Fee from Step 5
	State share	of filing Fee:	b. 1/2 Total Fee less \$12.50
	City/Town share	of filling Fee:	\$1,000 c. 1/2 Total Fee plus \$12.50

C. Submittal Requirements

a.) Complete pages 1 and 2 and send with a check or money order for the state share of the fee, payable to the Commonwealth of Massachusetts.

Department of Environmental Protection Box 4062 Boston, MA 02211

b.) **To the Conservation Commission:** Send the Notice of Intent or Abbreviated Notice of Intent; a **copy** of this form; and the city/town fee payment.

To MassDEP Regional Office (see Instructions): Send a copy of the Notice of Intent or Abbreviated Notice of Intent; a **copy** of this form; and a **copy** of the state fee payment. (E-filers of Notices of Intent may submit these electronically.)

JOSEPH A BOCCELLI 03-12
31 CEDAR ST.
N READING, MA 01864

PAY TO THE Town of Borfund \$ 1,000. 30

One Through and 00

DOLLARS DOLLARS



Office of the Assessor
7A Spofford Road, Boxford, MA 01921
Tel: (978) 887-6000 Ext. 504 Fax: (978) 887-3546

REQUEST FOR CERTIFIED ABUTTER'S LIST

Fee: \$25.00

Please complete the information below and submit to the Assessor's Office.

Parcel ID #:Map	p 23 Parcel 1/12.1 & 12.3
Property Location:	255 Main Street
Owner Name:	Joseph Bacelli
Mailing Address:	222 Central Street, Saugus, MA 01906
Requested by:	Kyle Lally
1)	Name)
Telephone Number:	978-766-8887
Date: 14 April 2016	Signature of Owner/Authorized Representative
Abutter's List to be pro	epared for:
Board of H	lealth Conservation Commission
Planning I	Board Zoning Board of Appeals
Other:	
For Assessors Use Only:	
Date completed:	Payment Received Initials:

ABUTTER LIST PARCELS 23-1-12.1 and 23-1-12.3 \sim MAIN STREET \sim CONSERVATION COMMISSION 250' TOWN OF BOXFORD

Map/Lot	Location	Owner	Otto		0wner
			Owner 2	Owner Address	City/Town State
2	253 MAIN ST	ARNONE HAYLEY D	ARONE IOCEDU M		
(23-01-22)	279 MAIN ST	AYLWARD ALFRED D	CARMEN AVINIAR	253 MAIN ST	BOXFORD
	202 14411		CARMEN ATLWARD	P.O. BOX 261	BOXFORD
(4.21-17.4)	283 MAIN ST	BORYLO KATHRYN N		202 MAIN CT	Sour OW
(23-01-12.1)	MAIN ST	CENTRAL DEVELOPMENT LLC		COS MINIM ST	BOXFORD
(23-01-123)	MAINCT	CINED TO A PROPERTY FILE		222 CENTRAL STREET	SAUGUS
		CENTRAL DEVELOPMENT LLC		222 CENTRAL STREET	CVIICIIC
(23-01-11.4)	251 MAIN ST	CINCOTTA ANTHONY W		100	CONONC
(23-01-20)	250 MAIN ST	MCCBAINE SIISAN A		251 MAIN ST	BOXFORD
		WINCOCKHIER SUBSECTION		250 MAIN ST	DOVEORD
(23-01-15.6)	MAIN ST	MEEHAN NEIL	MEEUANERRA	COUNTRIES I	BUXFORD
(23-01-15.8)	282 MAIN CT		MEEHAN EBBA	282 MAIN ST	BOXFORD
-		MILLIAM INEIL S	SALVOR MEEHAN EBBA	282 MAIN ST	DOVEOUR
	252 MAIN ST	MOON JAMES J	MOON DIANE H		BOXFORD
(23-01-23)	MAIN ST		MOON DIAME II	252 MAIN ST	BOXFORD
(72 01 16 2)	A DIVINITY OF		CONS COMM	7A SPOFFORD RD	ROYFORD
(7.01-10-62)	(23-01-16.2) 14 BENNETT RD	TURLEY A SHARON	HARPIN WILLIAM C		on one
				14 DENNET I KD	BOXFORD

CERTIFIED COPY

April 14, 2016