

Massachusetts Department of Environmental ProtectionBureau of Resource Protection - Wetlands

WPA Form 1- Request for Determination of Applicability

City/Town

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

A. General Information

Important: When filling out 1. forms on the computer, use only the tab key to move your cursor - do not use the return





1.	Applicant:				
	Name	E-Mail Address			
	Mailing Address				
	City/Town	State	Zip Code		
	Phone Number	Fax Number (if ap	pplicable)		
2.	Representative (if any):				
	Firm				
	Contact Name	E-Mail Address			
	Mailing Address				
	City/Town	State	Zip Code		
	Phone Number	Fax Number (if ap	pplicable)		
В.	. Determinations				
1.	I request the make t	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) refere	enced below is subject to the W	etlands Protection Act.		
	d. whether the area and/or work depicted on of any municipal wetlands ordinance or by		bject to the jurisdiction		
	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

1.	a.	Project Location (use maps and plans to identify	the location of the area sub	oject to this request):			
	Stre	eet Address	City/Town				
	Ass	sessors Map/Plat Number	Parcel/Lot Number				
	b.	b. Area Description (use additional paper, if necessary):					
	C.	Plan and/or Map Reference(s):					
	Title	9		Date			
	Title			Date			
	Title	•		Date			
2.	a. Work Description (use additional paper and/or provide plan(s) of work, if necessary):						



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C. Project Description (cont.)

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 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 classificate ove (use additional paper and/or attach appropriate documents, if necessary.)

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Massachusetts Department of Environmental Protection

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Name and address of the property owner:

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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 Mailing Address City/Town 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

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