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When filling out forms on the 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

### A. General Information

1.	Applicant: Clot Alan Wilson Name	clint -wilson @/IVe. E-Mail Address			
	5 Bay St.				
	Hailing Address Train haven	and	12719		
	Cfty/Town ,	State	Zip Code		
	774 766 8578	Fax Number (if applicable)			
	Phone Number	Fax Number (If a	pplicable)		
2.	Representative (if any):				
	Firm				
	Contact Name	E-Mail Address			
	Mailing Address				
	City/Town	State	Zip Code		
	Phone Number Fax Number (if applicable)				
1.	I request the Conservation Commission make the following determination(s). Check any that apply:  Conservation Commission  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 <b>boundaries</b> 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:				
	Fair haven, MA Name of Municipality				
	<ul> <li>e. whether the following scope of alternatives is adequate for work in the Riverfront Area as depicted on referenced plan(s).</li> </ul>				



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### C. Project Description

1.	a. Project Location (use maps and plans to identify the location of the area substituted by the location of the location of the area substituted by the location of the location of the area substituted by th	eject to this request):
	b. Area Description (use additional paper, if necessary): Single family residence of frontage on Bay Driveway (dirt/gravel) running from Bay front of defached garage.	St. St. 48
	c. Plan and/or Map Reference(s):	Date
	Title	Date
2.	a. Work Description (use additional paper and/or provide plan(s) of work, if new Prep site for installation of new asphalustall asphalt driveway in same losts.  Current dirt gravel driveway.	Date  cessary):  H driveway  rint as



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C.	Pro	iect	Descri	ption	(cont.)
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	a. 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
	Dublic 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 decrestriction 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.
	<ul> <li>Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classification above (use additional paper and/or attach appropriate documents, if necessary.)</li> </ul>



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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:	
Cleat Wilson	
Name Ray St.	
Mailing Address Fairhaven	
City/Town A	02719
State	Zip Code
Signatures:	
I also understand that notification of this Request will in accordance with Section 10.05(3)(b)(1) of the Wetla	ands Protection Act regulations.
(XXXXX	30 Apr. 1 2024
Signature of Applicant	Date /
Signature of Representative (if any)	Date