



Massachusetts Department of Environmental Protection

Bureau of Resource Protection - Wetlands

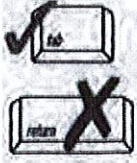
City/Town

WPA Form 1- Request for Determination of Applicability

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

A. General Information

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



1. Applicant:

Name: Robert Desroches E-Mail Address: Desrochesbob80@gmail.com

Mailing Address: 15 SEARD LN ACUSHNET

City/Town: _____ State: MA Zip Code: 02743

Phone Number: 508 998 1377 cell Fax Number (if applicable): 508 542 522

2. Representative (if any):

Firm: _____

Contact Name: _____ E-Mail Address: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number (if applicable): _____

B. Determinations

1. I request the Fair Haven Conservation Commission 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

1. a. Project Location (use maps and plans to identify the location of the area subject to this request):

Street Address: Goolant Memorial Drive City/Town: Fairhaven
 Assessors Map/Plat Number: 42-21C Parcel/Lot Number: 21C

b. Area Description (use additional paper, if necessary):

Water Front Lot 21C

c. Plan and/or Map Reference(s):

Title: <u>PLAN OF SITE</u> 4/11	Date: <u>4-11-2024</u>
_____	_____
_____	_____

2. a. Work Description (use additional paper and/or provide plan(s) of work, if necessary):

INSTALL Crushed Shells TO Level
Property FIRST 15' ON LAND
Abutting Goolant Memorial Drive



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C. Project Description (cont.)

b. Identify provisions of the Wetlands Protection Act or regulations which may exempt the applicant from having to file a Notice of Intent for all or part of the described work (use additional paper, if necessary).

3. 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
- 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 deed 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. 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.)



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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 Robert Desroches
Mailing Address 15 Sears Ln
City/Town Acushnet
State MA 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 [Signature] Date 4-11-24

Signature of Representative (if any) _____ Date _____

**Notification to Abutters Under the
Massachusetts Wetlands Protection Act
and the Fairhaven Wetlands Bylaw**

*(this form must be completed and copies sent by certified mail
or hand delivery to all abutters within 100 feet of the property
where the project is located)*

In accordance with the Massachusetts General Laws Chapter 131, Section 40 (the Wetlands Protection Act) and the Fairhaven Wetlands Bylaw (Chapter 192), you are hereby notified of the following:

1. The applicant's name is Robert + Donna Desroches
2. The applicant has filed the following with the Fairhaven Conservation Commission:
 Request for Determination of Applicability
 Notice of Intent
Request to Amend an existing Order of Conditions
 Notice of Resource Area Delineation
3. The address or location of the site where the activity, project, or delineation is proposed is:
LOT 42-210 GODDARD MEMORIAL DRIVE, Fairhaven, MA.
4. The proposed work includes INSTALL CRUSHED SHELLS
TO LEVEL PROPERTY (FIRST 15' (ABX))
ON LAND ABUTTING GODDARD MEMORIAL DRIVE.

5. Copies of the above application may be examined at the Conservation Office, located in Town Hall, 40 Center Street, Fairhaven, MA 02719, between 9:00 AM and 4:00 PM, Monday through Friday. Copies may be obtained at the office if notified in advance or from the applicant.
6. Applications will also be uploaded to _____ . If you are unable to access or view the application electronically, please contact the Conservation Office at 508-979-4023, ext. 128.
7. Notice of the public hearing including its date, time, and place will be published at least five business days in advance in the Fairhaven Neighborhood News, and will be posted on the Fairhaven Town Website and at the Fairhaven Town Hall not less than 48 hours in advance.

PLEASE NOTE:

Since you are receiving this notice, you may have wetland resource areas or wetland buffers on your property. Therefore, construction, cutting, clearing, or grading may require a permit. For clarification or for more information, call the Conservation Agent at 508-979-4082 or visit our website.



TOWN OF FAIRHAVEN, MASSACHUSETTS

CONSERVATION COMMISSION

Town Hall · 40 Center Street · Fairhaven, MA 02719

21-DAY WAIVER

Date: DOJNA Desroches

I, Robert Desroches hereby waive the twenty-one-day time period for a
Name of Applicant or Representative
public hearing/meeting following receipt of my filing of:

- Notice of Intent
- Request for Determination of Applicability
- Other _____

by the Fairhaven Conservation Commission under Massachusetts General Laws, Ch. 131, §40, an/or
under Fairhaven General Bylaws, Chapter 192, Wetlands.

The request was submitted on: 4-11-24 for work at: GOULART Memorial Drive
Date Received in Conservation Dept. Location/Address of Project
LOT 42-21C

Please be advised that you will be notified of the meeting date once this application has been
assigned to a Conservation Commission Meeting Agenda.

I am the: Applicant
 Applicant's Representative
 Property Owner

Doña M Desroches
Doña G Desroches

Signature

4-11-24

Date