

INSTRUCTION PAGE

REQUEST FOR DETERMINATION OF APPLICABILITY

(WPA FORM 1)

WHAT IS NEEDED TO COMPLETE YOUR APPLICATION

YOUR PROJECT MUST BE STAKED OUT IN THE FIELD PRIOR TO CONSERVATION INSPECTIONS

Mail one (1) copy of the completed application
(including all supporting plans) to:
Department of Environmental Protection
20 Riverside Drive λ Lakeville MA 02347
(via Hand-delivery or Certified Mail-Return Receipt)

Mail two (2) copies of the completed application
(including 5 copies of all supporting plans) to:
Plymouth Conservation Commission
11 Lincoln Street λ Plymouth MA 02360
(via Hand-delivery or Certified Mail-Return Receipt)

FEES: (Collected under the Plymouth Wetland Bylaw)

\$100.00*Application Fee/payable to Town of Plymouth*

\$100.00*Penalty Fee/payable to Town of Plymouth*

\$1.00*/name..Abutter Notification Fee: payable to Town of Plymouth*

\$55.00.....Advertising Fee: payable to Community Newspaper Co.

***Note: Town Fees may be combined into (1) CHECK**

MISCELLANEOUS:

Submit a prepared Mail Label for each of your abutters' names
or address a plain white business envelope w/each name
(PLEASE - NO RETURN ADDRESS OR POSTAGE STAMP ON ENVELOPES

Your abutter's list **MUST BE CERTIFIED** by the
Assessor's Office – separate \$25 fee.

Include driving directions to your property-from Town Hall

Sign, date and title each your hand-drawn plans

Note: Abutter notification not required for well installations and perc tests, ONLY.

Conservation Office Staff:

Michelle Turner,
Administrative Assistant,
508-747-1620 x139

Richard Vacca
Conservation Planner
508-747-1620 x140

Town Hall

11 Lincoln Street, Plymouth, MA 02360
2nd Floor, Department of Planning & Development



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

PLYMOUTH
City/Town

WPA Form 1- Request for Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40 and
Town of Plymouth' Wetlands Bylaw, Article 27

PCC
13 - _____ R

A. General Information

1. Applicant:

Name _____		E-Mail Address _____	
Mailing Address _____			
City/Town _____		State _____	Zip Code _____
Phone Number _____		Fax Number (if applicable) _____	

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 PLYMOUTH _____ 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 **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:

Town of Plymouth
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):

_____	PLYMOUTH
Street Address	City/Town
_____	_____
Assessors Map/Plat Number	Parcel/Lot Number

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

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

_____	_____
Title	Date
_____	_____
Title	Date
_____	_____
Title	Date

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



Massachusetts Department of Environmental Protection

Bureau of Resource Protection - Wetlands

PLYMOUTH

City/Town

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13 - _____ R

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 (see Attachment) 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

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

ABUTTER NOTIFICATION LIST/PROPERTY ACCESS FORM

Pursuant to the Plymouth Wetlands Protection Bylaw

For a

Request for a Determination of Applicability

*****ABUTTER NOTIFICATION*****

Written notification of the Public Hearing shall be by the Commission at the expense of the applicant. A Certified list of abutters shall include the applicant, abutters, owners of land directly opposite on any public or private street or way, and abutters to abutters within 100 feet of the property line of the proposed project as they appear on the most recent Assessor's records.

Note 1: The applicant shall complete the attached form to request a Certified Abutters List from the Assessor's Office. In turn, the Assessor's shall provide a certified list for a fee of \$25, which includes up to 100 mailing labels. (The certification of the list may take 7-10 business days).

Note 2: Your completed application **MUST** include one (1) prepared mailing label for every abutter's name.

Abutter Fee Calculation:

(This fee is separate from the \$25 fee)

(calculated after you receive the Certified List back from the Assessor's Office)

Number of abutters _____ x \$1.00/name* = \$ _____
(count exact duplicate names only once) Abutter Fee

*This fee is collected under Plymouth Wetland Bylaw

Signature of Applicant or Representative

Date

*****PROPERTY ACCESS*****

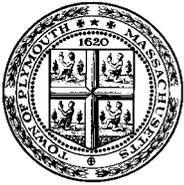
Section VIII K and Section XI of the Plymouth Wetlands Bylaw

I hereby authorize the Plymouth Conservation Commission, its agents, officers and/or employees to enter the property upon which work is proposed for reasons deemed necessary by the Commission.

Signature of Applicant or representative

Please give directions to the property, starting from Town Hall.

Revised Jan2013



Town of Plymouth ASSESSORS' OFFICE

11 Lincoln Street
Plymouth, MA 02360
508-747-1620 Ext. 152

Request for 100' Certified Abutters List

APPLICANT'S NAME _____

PERSON MAKING REQUEST _____

MAILING ADDRESS _____

PHONE NO _____

FAX NO. _____

EMAIL ADDRESS _____

In Accordance with M.G.L Chapter 131, Section 40, I hereby Certify that based on the records of this Office and to the best of my knowledge and belief, the attached list are the name and addresses of the abutters list request:

Locus _____

Parcel ID No _____

DATE _____

CERTIFIED BY:

*Ownership as of _____

Anne Dunn, MAA
Director of Assessing

For Conservation Commission filings:

Submit this form to the Assessors Office with a \$25 fee. A Certified Abutter's List including prepared mailing labels will be provided to you.

