

# 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**  
**26 Court 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\* (IF APPLICABLE)
- \$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 (Page 6) **MUST BE CERTIFIED** by the  
Assessor's Office – separate \$25 fee.
- Include driving directions to your property-from Town Hall
- Sign, date and title any hand-drawn plans

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

**Conservation Office Staff:**

**Krista Lewis,**  
**Administrative Assistant,**  
**508-747-1620 x10139**  
[conservation@townhall.plymouth.ma.us](mailto:conservation@townhall.plymouth.ma.us)

**Richard Vacca**  
**Conservation Planner**  
**508-747-1620 x10140**

**Town Hall**  
**26 Court Street, Plymouth, MA 02360**  
**3<sup>rd</sup> 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

PCC-18- 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 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:

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).



**WPA Form 1- Request for Determination of Applicability**

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

PLYMOUTH  
City/Town  
\_\_\_\_\_  
PCC-18-\_\_\_\_R

**C. Project Description**

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

Street Address \_\_\_\_\_ PLYMOUTH  
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

**WPA Form 1- Request for Determination of Applicability**

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

PLYMOUTH

City/Town

PCC-18-\_\_\_\_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.)



# WPA Form 1- Request for Determination of Applicability

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

## 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 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 Assessor's \$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.





Town of Plymouth  
**ASSESSORS' OFFICE**

26 Court Street  
Plymouth, MA 02360  
(508) 747-1620 X10296  
assessors@townhall.plymouth.ma.us

**Abutter List Report**  
(Please allow 10 days for final list)

RECORD OWNER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

FACSIMILE NO: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Please specify type of request:

- Direct Abutter     100' - Conservation     300' - Planning/Zoning

**Locus:**

Subject Address: \_\_\_\_\_

Parcel ID: \_\_\_\_\_

This is to certify that at the time of the last assessment for taxation made by the Town of Plymouth, the names and addresses of the parties assessed as adjoining owners to the parcel land shown as above written.

---

**Assessor's Use Only**

**DATE:**

**CERTIFIED BY:**

\_\_\_\_\_

\*OWNERSHIP AS OF

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Fee: \$25\* (made payable to Town of Plymouth)**

*\*If list exceeds 100 abutters the fee may be different.*

We have 10 business days to complete the request. Each request will be provided with 2 sets of mailing labels. Please [email](#) or call our office with any questions. 508-747-1620 x10296



