

### **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. Ap	oplicant:				
C	avid Imara)				
Na 65	52 W Rodney French Blod	E-Mail Address			
	ailing Address	AA /			
0 1	en Bedtard	MA	02740		
	ty/Town 508 509 6299	State	Zip Code		
Ph	none Number	Fax Number (if applicable)			
2. Re	epresentative (if any):		· , y		
Fir	m				
Co	ontact Name	E-Mail Address			
Ma	ailing Address	endagen de sede litte de	-		
Cit	ty/Town	State	Zip Code		
Ph	none Number	Fax Number (if applicable)			
B. D	eterminations	*	7 · 1		
1. Ir	request the make the following	determination(s).	Check any that apply:		
	Conservation Commission				
L	] a. whether the <b>area</b> depicted on plan(s) and/or map(s) ref	erenced below is	an area subject to		
	jurisdiction of the Wetlands Protection Act.		¥ V		
	h whether the <b>houndaries</b> of resource area(s) denicted o	on plan(s) and/or n	nan(s) referenced		
b. whether the <b>boundaries</b> of resource area(s) depicted on plan(s) and/or map(s) reference below are accurately delineated.  c. whether the <b>work</b> depicted on plan(s) referenced below is subject to the Wetlands Protection					
[7	d. whether the area and/or work depicted on plan(s) referenced below is subject to the jurisdiction of any <b>municipal wetlands ordinance</b> or <b>bylaw</b> of:				
	Name of Municipality		4		
L	<ul> <li>e. whether the following scope of alternatives is adequated depicted on referenced plan(s).</li> </ul>	te for work in the F	Riverfront Area as		

3.	If this application is a Request for Determination of Scope of Alternatives for work in the erfront 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.
	Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classification ove (use additional paper and/or attach appropriate documents, if necessary.)
-	

#### 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:						
David Amaral	1					
Name 652 W. Rochey Fred	rch Blud					
Mailing Address Sed for						
City/Town	02744					
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.						
N/ feed Sky	7/20/21					
Signature of Applicant	Date / ′					
C						
Signature of Representative (if any)	Date					

C. Project Description							
1. a. Project Location (use maps and plans to identify the location of the area subject to this request):							
652 to Balon forcel Blod	New Bedford						
Street Address	City/Town MAP 5 Lat 96						
Assessors Map/Plat Number	Parcel/Lot Number						
b. Area Description (use additional paper, if nece	ssary):						
c. Plan and/or Map Reference(s): 652 W. Rodney French Blo	od Certified PotPlan 5/12/2021 Date						
Title	Date						
	D-1-						
Title  2. a. Work Description (use additional paper and/or	provide plan(s) of work, if necessary):						
Garage Improvement and	Addition as per plans						
	65						

#### 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).



# City of New Bedford REQUEST for a CERTIFIED ABUTTERS LIST

This information is needed so that an official abutters list as required by MA General Law may be created and used in notifying abutters. You, as applicant, are responsible for picking up and paying for the certified abutters list from the assessor's office (city hall, room #109).

SUBJECT PROPERTY							
MAP# 5 LOT(S)# 96							
ADDRESS: 652 W Rodney French Blod.							
OWNER INFORMATION							
NAME: David AMaral							
MAILING ADDRESS:							
652 W Rodney French Blod.							
APPLICANT/CONTACT PERSON INFORMATION							
NAME (IF DIFFERENT):							
MAILING ADDRESS (IF DIFFERENT):							
TELEPHONE # 50% 509 6299							
EMAIL ADDRESS:							
REASON FOR THIS REQUEST: Check appropriate							
ZONING BOARD OF APPEALS APPLICATION							
PLANNING BOARD APPLICATION							
CONSERVATION COMMISSION APPLICATION							
LICENSING BOARD APPLICATION							
OTHER ( <i>Please explain</i> ):							

Once obtained, the Certified List of Abutters must be attached to this Certification Letter.

Submit this form to the Planning Division Room 303 in City Hall, 133 William Street. You, as applicant, are responsible for picking up and paying for the certified abutters list from the assessor's office (city hall, room #109).

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Official Use Only:		
As Administrative Assistant to the City of New addresses as identified on the attached "a	Bedford's Board of Assessors, I do hereby butters list" are duly recorded and appear	
Michael J. Motta		
Printed Name	Signature	Date