

## **Massachusetts Department of Environmental Protection**Bureau of Resource Protection - Wetlands

**Boxford** City/Town

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

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40 Boxford Wetlands Protection Bylaw, Town Code Ch. 192 & 375

#### 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:  Marisa & Marshall Ireland  Name  20 Moonpenny Drive		Marisa - marisakfitz@gmail.com Marshall - mireland7@gmail.com					
				E-Mail Address				
	Mai	Iling Address xford	MA	01921				
	City	//Town	State	Zip Code				
	Ma	arisa Cell - 978-914-2289 / Marshall Cell - 978-478-7024	n/a					
	Phone Number		Fax Number (if	Fax Number (if applicable)				
2.	Re	Representative (if any):						
	Firm							
	Contact Name		E-Mail Address	E-Mail Address				
	Mailing Address							
	City	//Town	State	Zip Code				
	Phone Number		Fax Number (if applicable)					
		eterminations						
1.	I request the make the followin		ng determination(s	). Check any that apply:				
		a. whether the <b>area</b> depicted on plan(s) and/or map(s) jurisdiction of the Wetlands Protection Act.	ether the <b>area</b> depicted on plan(s) and/or map(s) referenced below is an area subject to iction 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 <b>work</b> 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 <b>municipal wetlands ordinance</b> or <b>bylaw</b> of:						
		Name of Municipality						
		e. whether the following <b>scope of alternatives</b> is adequate for work in the Riverfront Area as depicted on referenced plan(s).						
	-							

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### C. Project Description

a. Project Location (use maps and plans to identify the location of the area subject to this request)					
20 Moonpointy Brive	rford				
Street Address City/	Town				
Assessors Map/Plat Number Parc	el/Lot Number				
b. Area Description (use additional paper, if necessary):					
Expand deck to our above ground pool (see pages 5 & 6) and replace asphalt shingle roof.					
c. Plan and/or Map Reference(s):					
See pages 5 & 6 of this document for deck plans	6/13/22				
Title	Date				
Title	Date				
Title	Date				
a. Work Description (use additional paper and/or provide plan(s) of work, if necessary):					
Expand deck to our above ground pool (see pages 5 & 6) and replace asphalt shingle roof.					
Construction done by Capital Construction, Orchard Hill Office Park					
Office: 617-319-1225, Fax: 781-562-1032					
Office: 617-319-1225, Fax: 781-562-1032					
Office: 617-319-1225, Fax: 781-562-1032					
Office: 617-319-1225, Fax: 781-562-1032					
Office: 617-319-1225, Fax: 781-562-1032					
	Street Address  Street Address  City/  Assessors Map/Plat Number  b. Area Description (use additional paper, if necessary):  Expand deck to our above ground pool (see pages 5 & 6) and a see pages 5 & 6 of this document for deck plans are title.  Title  Title  Title  Title  Title  Construction done by Capital Construction, Orchard Hill Offen 354 Turnpike Street, Suite 303, Canton, MA 02021				

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### C. Project Description (cont.)

a. Riv	If this application is a Request for Determination of Scope of Alternatives for work in the verfront Area, indicate the one classification below that best describes the project.
X	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 description 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.)
Н	ouse was built in the 1972

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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:					
Marisa Ireland					
Name					
20 Moonpenny Drive					
Mailing Address					
Boxford					
City/Town					
MA	01921				
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.					
1 prisa Geland	6/13/22				
Signature of Applicant	Date				
Signature of Representative (if any)	Date				

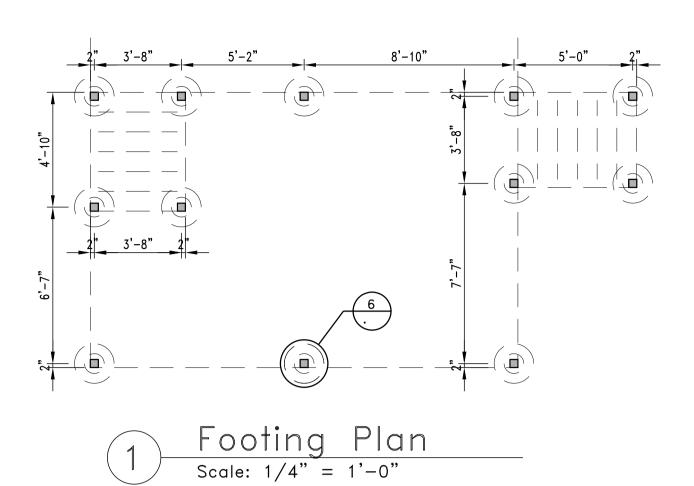
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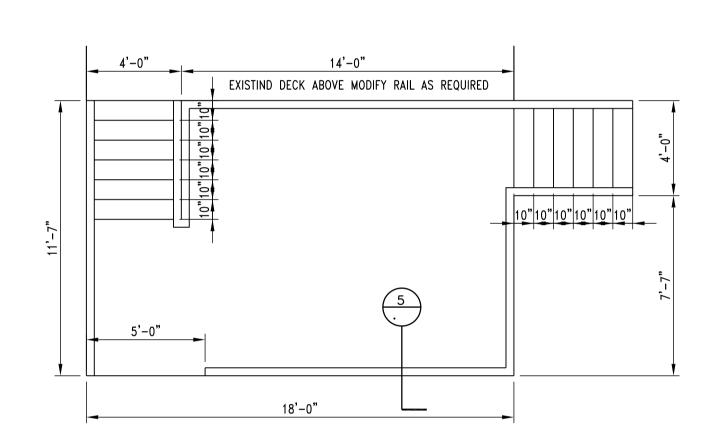
### Extend deck to Pool 20 Moopenny Drive, Boxford

Rough idea of where the deck will me built.

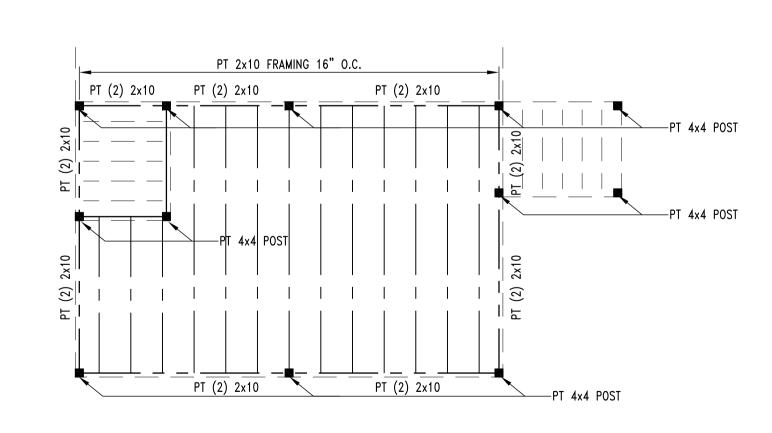




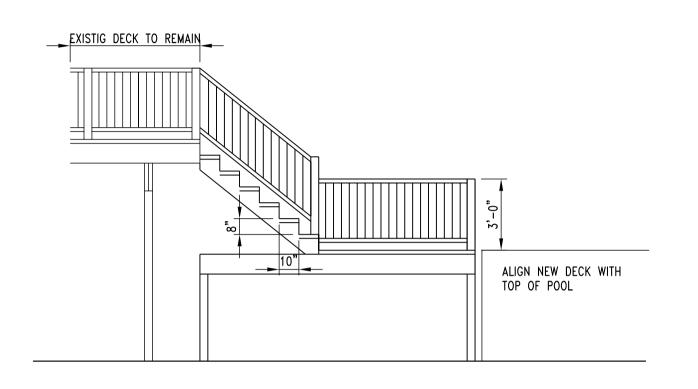


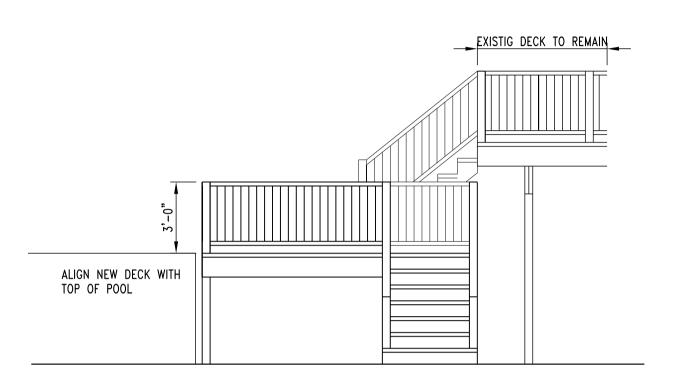


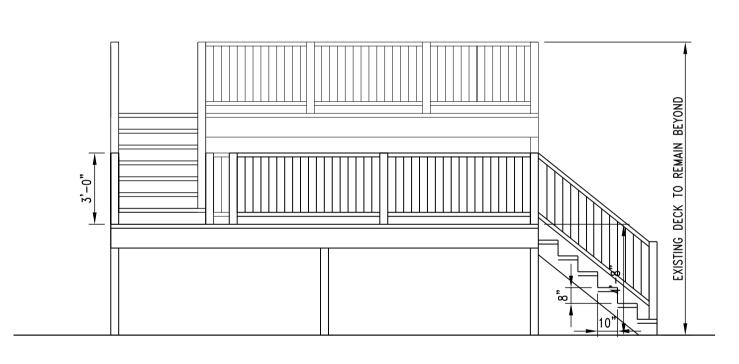
2 Decking Plan
Scale: 1/4" = 1'-0"



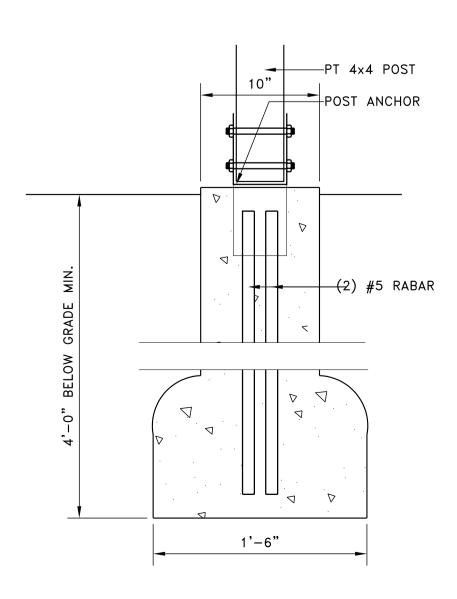
Framing Plan
Scale: 1/4" = 1'-0"







5 Deck & Stair Elevation 1
Scale: 1/4" = 1'-0"



6 Post Footing

Scale: 1-1/2" = 1'-0"

### General Notes:

- 1. All deck and landing handrails to be 36" min .
- 2. Install new posts, deck and railsas shown on plans.
- All new footings shall be 10" sono tube 48" below grade with metal connector to all wood posts.
- 4. Install new framing as indicated on plans.

PT HANDRAIL WITH SQUARE -

**BALUSTER** 

POST BEYOND —

NEW FRAMING & TRIM BOARD

DECKING MATERIAL AS INDICATED —

 All other requirements verify with project manager for Capital Construction.

stamp

No. 8391

BOSTON

MASS.

project

Capital Constriction Contracting Inc.

Home Remodeling & Contracting Company
3 Norwood Street

Boston, Massachusetts 02122

Fox: 617-297-5877

Deck & Stair Replacement 20 Moodpenny Drive Boxford, Massachusetts

revisions

(2) 5.5"x3/8" LAG —BOLTS, EXTEND HALF LAP POST TO BOTTOM OF FRAMING

Handrail Detail
Scale: 1-1/2" = 1'-0"

04/18/2022

1/4"=1'-0"

drawn

job no.

Deck Plan, Elevations & Details

sheet no.