

WPA Form 3 - Notice of Intent

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

| Prov | rided by MassDEP: |
|------|-----------------------------|
| | MassDEP File Number |
| | Document Transaction Number |

City/Town

Important:

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





Note: Before completing this form consult your local Conservation Commission regarding any municipal bylaw or ordinance.

A. General Information

| 30 Lawrence Road | | Boxford, MA | 01921 | | |
|--|-----------------------|--|----------------------|--|--|
| a. Street Address | | b. City/Town | c. Zip Code | | |
| Latitude and Longitude: | : | d. Latitude | e. Longitude | | |
| 27 | | 2/15 & 16 | o. Longitudo | | |
| f. Assessors Map/Plat Number | er | g. Parcel /Lot Number | | | |
| . Applicant: | | | | | |
| Renee | | Copper | | | |
| a. First Name | | b. Last Name | | | |
| c. Organization | | | | | |
| 335B Middleton Road | | _ | | | |
| d. Street Address | | MA | 01921 | | |
| Boxford e. City/Town | | MA f. State | g. Zip Code | | |
| 978-361-5080 | | Renee@bodyambition.c | • • | | |
| h. Phone Number | i. Fax Number | j. Email Address | Ж | | |
| Property owner (require | d if different from a | Straub (Trustee) | ore than one owner | | |
| a. First Name | | b. Last Name | | | |
| Odessa Trust | | | | | |
| 30 Lawrence Road | c. Organization | | | | |
| d. Street Address | | | | | |
| Boxford | | MA | 01921 | | |
| e. City/Town | | f. State | g. Zip Code | | |
| 978-590-2071 text | | mynavagator@gmail.co | · . | | |
| only (Deaf) | i. Fax Number | j. Email address | | | |
| . Representative (if any): | | | | | |
| Renne | | | | | |
| I (CITIC | | Copper | | | |
| a. First Name | | Copper b. Last Name | | | |
| a. First Name c. Company | | | | | |
| a. First Name c. Company 335b Middleton road | | | | | |
| a. First Name c. Company 335b Middleton road d. Street Address | | b. Last Name | 04024 | | |
| a. First Name c. Company 335b Middleton road d. Street Address Boxford | | b. Last Name | 01921 g. Zin Code | | |
| a. First Name c. Company 335b Middleton road d. Street Address Boxford e. City/Town | | b. Last Name MA f. State | g. Zip Code | | |
| a. First Name c. Company 335b Middleton road d. Street Address Boxford | i. Fax Number | b. Last Name | g. Zip Code | | |
| a. First Name c. Company 335b Middleton road d. Street Address Boxford e. City/Town 978-361-5080 h. Phone Number | | b. Last Name MA f. State renee@bodyambition.co j. Email address | g. Zip Code | | |
| a. First Name c. Company 335b Middleton road d. Street Address Boxford e. City/Town 978-361-5080 h. Phone Number | | b. Last Name MA f. State renee@bodyambition.co j. Email address ee Transmittal Form): | g. Zip Code | | |



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| A. | General Information (continued) | |
|-----|--|---|
| 6. | General Project Description: | |
| | Place prefab modular struture on exisitng foundation and remove of site. | on. Origanal home distroyed in fire, building razed |
| | | |
| 7a. | Project Type Checklist: (Limited Project Types see | e Section A. 7b.) |
| | 1. Single Family Home | 2. Residential Subdivision |
| | 3. Commercial/Industrial | 4. Dock/Pier |
| | 5. Utilities | 6. Coastal engineering Structure |
| | 7. Agriculture (e.g., cranberries, forestry) | 8. Transportation |
| | 9. Other | |
| 7b. | Is any portion of the proposed activity eligible to be Restoration Limited Project) subject to 310 CMR 1 | |
| | If yes, describe which limit | ed project applies to this project. (See 310 CMR plete list and description of limited project types) |
| | 2. Limited Project Type | |
| | If the proposed activity is eligible to be treated as a CMR10.24(8), 310 CMR 10.53(4)), complete and a Project Checklist and Signed Certification. | |
| 8. | Property recorded at the Registry of Deeds for: | |
| | Essex a. County | b. Certificate # (if registered land) |
| | 26074 | 0322 |
| | c. Book | d. Page Number |
| В. | Buffer Zone & Resource Area Imp | acts (temporary & permanent) |
| 1. | ⊠ Buffer Zone Only – Check if the project is locat Vegetated Wetland, Inland Bank, or Coastal Re | |
| 2. | Inland Resource Areas (see 310 CMR 10.54-1 Coastal Resource Areas). | |
| | Check all that apply below. Attach narrative and ar | |

standards requiring consideration of alternative project design or location.



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B. Buffer Zone & Resource Area Impacts (temporary & permanent) (cont'd)

| Resour | ce Area | Size of Proposed Alteration | Proposed Replacement (if any) |
|-------------|---|---|--|
| а. 🗌 | Bank | 1. linear feet | 2. linear feet |
| b | Bordering Vegetated Wetland | 1. square feet | 2. square feet |
| c. 🗌 | Land Under Waterbodies and | 1. square feet | 2. square feet |
| | Waterways | 3. cubic yards dredged | |
| Resour | ce Area | Size of Proposed Alteration | Proposed Replacement (if any) |
| d. 🔲 | Bordering Land | | |
| | Subject to Flooding | 1. square feet | 2. square feet |
| | | 3. cubic feet of flood storage lost | 4. cubic feet replaced |
| e. 🔛 | Isolated Land Subject to Flooding | 1. square feet | |
| | | 2. cubic feet of flood storage lost | 3. cubic feet replaced |
| f. 🛛 | Riverfront Area | Fish Brook | |
| 🖂 | Tuvomoni, aod | 1. Name of Waterway (if available) - spec | ify coastal or inland |
| 2. | Width of Riverfront Area (| check one): | |
| | 25 ft Designated De | ensely Developed Areas only | |
| | ☐ 100 ft New agricultural projects only | | |
| | 200 ft All other proje | ects | |
| 3. 7 | Fotal area of Riverfront Area | a on the site of the proposed project | t: square feet |
| 4. F | Proposed alteration of the F | Riverfront Area: | oquale look |
| | · | 0 | |
| a. to | otal square feet | | c. square feet between 100 ft. and 200 ft. |
| 5. H | Has an alternatives analysis | s been done and is it attached to this | s NOI? ☐ Yes ☒ No |
| 6. \ | Was the lot where the activi | ty is proposed created prior to Augu | ust 1, 1996? ⊠ Yes ☐ No |
| ☐ Coa | astal Resource Areas: (See | 310 CMR 10.25-10.35) | |

For all projects affecting other Resource Areas, please attach a narrative explaining how the resource area was delineated.

3.

Note: for coastal riverfront areas, please complete Section B.2.f. above.



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B. Buffer Zone & Resource Area Impacts (temporary & permanent) (cont'd)

Check all that apply below. Attach narrative and supporting documentation describing how the project will meet all performance standards for each of the resource areas altered, including standards requiring consideration of alternative project design or location.

4.

5.

| Resou | <u>ırce Area</u> | Size of Proposed Alteration | Proposed Replacement (if any) |
|----------|--|--|---|
| а. 🗌 | Designated Port Areas | Indicate size under Land Und | er the Ocean, below |
| b. 🗌 | Land Under the Ocean | 1. square feet | _ |
| | | 2. cubic yards dredged | - |
| c. 🗌 | Barrier Beach | Indicate size under Coastal Be | aches and/or Coastal Dunes below |
| d. 🗌 | Coastal Beaches | 1. square feet | 2. cubic yards beach nourishment |
| е. 🗌 | Coastal Dunes | 1. square feet | 2. cubic yards dune nourishment |
| | | Size of Proposed Alteration | Proposed Replacement (if any) |
| f g | Coastal Banks Rocky Intertidal | 1. linear feet | _ |
| э. Ш | Shores | 1. square feet | = |
| h. 🗌 | Salt Marshes | 1. square feet | 2. sq ft restoration, rehab., creation |
| i | Land Under Salt Ponds | 1. square feet | = |
| _ | | 2. cubic yards dredged | _ |
| j. 🗌 | Land Containing Shellfish | 1. square feet | _ |
| k. 🗌 | Fish Runs | | nks, inland Bank, Land Under the der Waterbodies and Waterways, |
| | | 1. cubic yards dredged | - |
| l. 🗌 | Land Subject to Coastal Storm Flowage | 1. square feet | - |
| If the p | | restoring or enhancing a wetland tered in Section B.2.b or B.3.h ab | |
| a. squar | re feet of BVW | b. square feet of | f Salt Marsh |
| ☐ Pr | oject Involves Stream Cros | ssings | |
| a. numb | per of new stream crossings | b. number of rep | placement stream crossings |



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| C. Other Applicable Standards and Requireme |
|---|
|---|

| This is a proposal for an Ecological Restoration Limited Project. Skip Section C and |
|---|
| complete Appendix A: Ecological Restoration Limited Project Checklists - Required Actions |
| (310 CMR 10.11). |

Streamlined Massachusetts Endangered Species Act/Wetlands Protection Act Review

| 1. | Is any portion of the proposed project located in Estimated Habitat of Rare Wildlife as indicated on the most recent Estimated Habitat Map of State-Listed Rare Wetland Wildlife published by the Natural Heritage and Endangered Species Program (NHESP)? To view habitat maps, see the Massachusetts Natural Heritage Atlas or go to http://maps.massgis.state.ma.us/PRI_EST_HAB/viewer.htm. | | |
|----|--|---|--|
| | a. 🛛 Yes 🗌 No | If yes, include proof of mailing or hand delivery of NOI to: | |
| | 8/1/2017 | Natural Heritage and Endangered Species Program Division of Fisheries and Wildlife 1 Rabbit Hill Road Westborough, MA 01581 | |

If yes, the project is also subject to Massachusetts Endangered Species Act (MESA) review (321 CMR 10.18). To qualify for a streamlined, 30-day, MESA/Wetlands Protection Act review, please complete Section C.1.c, and include requested materials with this Notice of Intent (NOI); OR complete Section C.2.f, if applicable. If MESA supplemental information is not included with the NOI, by completing Section 1 of this form, the NHESP will require a separate MESA filing which may take up to 90 days to review (unless noted exceptions in Section 2 apply, see below).

- c. Submit Supplemental Information for Endangered Species Review*
 - 1.

 Percentage/acreage of property to be altered:

(a) within wetland Resource Area
0, All Buffer Zone percentage/acreage

(b) outside Resource Area

b. Date of map

11.90% of Resource area-15K/130.710 Sq.Ft. percentage/acreage

- 2. Assessor's Map or right-of-way plan of site
- 2. Project plans for entire project site, including wetland resource areas and areas outside of wetlands jurisdiction, showing existing and proposed conditions, existing and proposed tree/vegetation clearing line, and clearly demarcated limits of work **
 - (a) Project description (including description of impacts outside of wetland resource area & buffer zone)
 - (b) Photographs representative of the site

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^{*} Some projects **not** in Estimated Habitat may be located in Priority Habitat, and require NHESP review (see https://www.mass.gov/maendangered-species-act-mesa-regulatory-review).

Priority Habitat includes habitat for state-listed plants and strictly upland species not protected by the Wetlands Protection Act.

^{**} MESA projects may not be segmented (321 CMR 10.16). The applicant must disclose full development plans even if such plans are not required as part of the Notice of Intent process.



3.

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C. Other Applicable Standards and Requirements (cont'd)

| (c) 🔀 | | | | | |
|---|---|-----------------------------|--|--|--|
| Make | a-mesa-project-review). Make check payable to "Commonwealth of Massachusetts - NHESP" and <i>mail to NHESP</i> at above address | | | | |
| Project | 's altering 10 or more acres of land, also sub | omit: | | | |
| (d) | Vegetation cover type map of site | | | | |
| (e) | Project plans showing Priority & Estima | ated Habitat boundaries | | | |
| (f) Ol | R Check One of the Following | | | | |
| 1. 🗌 | 1. Project is exempt from MESA review. Attach applicant letter indicating which MESA exemption applies. (See 321 CMR 10.14, https://www.mass.gov/service-details/exemptions-from-review-for-projectsactivities-in-priority-habitat ; the NOI must still be sent to NHESP if the project is within estimated habitat pursuant to 310 CMR 10.37 and 10.59.) | | | | |
| 2. 🗌 | Separate MESA review ongoing. | a. NHESP Tracking # | 8/192020 b. Date submitted to NHESP | | |
| 3. | Separate MESA review completed. Include copy of NHESP "no Take" dete Permit with approved plan. | ermination or valid Conse | rvation & Management | | |
| For coasta | l projects only, is any portion of the properties fish run? | osed project located belo | w the mean high water | | |
| a. 🛛 Not | applicable – project is in inland resource | area only b. Yes | ☐ No | | |
| If yes, incl | ude proof of mailing, hand delivery, or ele | ectronic delivery of NOI to | either: | | |
| South Shore - Cohasset to Rhode Island border, and North Shore - Hull to New Hampshire border: the Cape & Islands: | | | | | |
| Division of Marine Fisheries - Southeast Marine Fisheries Station Attn: Environmental Reviewer 836 South Rodney French Blvd. New Bedford, MA 02744 Email: dmf.envreview-south@mass.gov Division of Marine Fisheries - North Shore Office Attn: Environmental Reviewer 30 Emerson Avenue Gloucester, MA 01930 Email: dmf.envreview-north@mass.gov | | | ewer | | |
| Also if yes, the project may require a Chapter 91 license. For coastal towns in the Northeast Region, please contact MassDEP's Boston Office. For coastal towns in the Southeast Region, please contact MassDEP's Southeast Regional Office. | | | | | |
| c. 🗌 🏻 Is | this an aquaculture project? | d. 🗌 Yes 🛛 No | | | |
| If yes, include a copy of the Division of Marine Fisheries Certification Letter (M.G.L. c. 130, § 57). | | | | | |

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| | | | |
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| | | | |

C. Other Applicable Standards and Requirements (cont'd)

| | 4. | Is any portion of the proposed project within an Area of Critical Environmental Concern (ACEC)? | |
|--|----|--|--|
| Online Users: Include your document | | a. Yes No If yes, provide name of ACEC (see instructions to WPA Form 3 or MassDEP Website for ACEC locations). Note: electronic filers click on Website. | |
| transaction number | | b. ACEC | |
| (provided on your receipt page) with all | 5. | Is any portion of the proposed project within an area designated as an Outstanding Resource Water (ORW) as designated in the Massachusetts Surface Water Quality Standards, 314 CMR 4.00? | |
| supplementary information you | | a. 🗌 Yes 🔀 No | |
| submit to the Department. | 6. | Is any portion of the site subject to a Wetlands Restriction Order under the Inland Wetlands Restriction Act (M.G.L. c. 131, § 40A) or the Coastal Wetlands Restriction Act (M.G.L. c. 130, § 105)? | |
| | | a. Yes No | |
| | 7. | Is this project subject to provisions of the MassDEP Stormwater Management Standards? | |
| | | a. Yes. Attach a copy of the Stormwater Report as required by the Stormwater Management Standards per 310 CMR 10.05(6)(k)-(q) and check if: 1. Applying for Low Impact Development (LID) site design credits (as described in | |
| | | Stormwater Management Handbook Vol. 2, Chapter 3) | |
| | | 2. A portion of the site constitutes redevelopment | |
| | | 3. Proprietary BMPs are included in the Stormwater Management System. | |
| | | b. No. Check why the project is exempt: | |
| | | 1. Single-family house | |
| | | 2. Emergency road repair | |
| | | 3. Small Residential Subdivision (less than or equal to 4 single-family houses or less than or equal to 4 units in multi-family housing project) with no discharge to Critical Areas. | |
| | D. | Additional Information | |
| | | This is a proposal for an Ecological Restoration Limited Project. Skip Section D and complete Appendix A: Ecological Restoration Notice of Intent – Minimum Required Documents (310 CMR 10.12). | |
| | | Applicants must include the following with this Notice of Intent (NOI). See instructions for details. | |
| | | Online Users: Attach the document transaction number (provided on your receipt page) for any of the following information you submit to the Department. | |
| | | 1. USGS or other map of the area (along with a narrative description, if necessary) containing sufficient information for the Conservation Commission and the Department to locate the site (Electronic filers may omit this item.) | |
| | | 2. Plans identifying the location of proposed activities (including activities proposed to serve as a Bordering Vegetated Wetland [BVW] replication area or other mitigating measure) relative to the boundaries of each affected resource area. | |



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| D. | Additio | nal Infor | mation | (cont'd) |
|----------|---------|--|--------|----------|
| – | Мини | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | HIGHT | |

| D. | D. Additional Information (cont'd) | | | | |
|---|---|---|---|--|--|
| 3. A Identify the method for BVW and other resource area boundary delineations (MassDEF Field Data Form(s), Determination of Applicability, Order of Resource Area Delineation and attach documentation of the methodology. | | | | | |
| | 4. List the titles and dates for all plans and other materials submitted with this NOI. | | | | |
| | — Plo | t Plan of Land Boxford, MA | | | |
| | | Plan Title | | | |
| | Da | vid Terenzoni, PLS | David Terenzoni, PLS | | |
| | b. F | repared By | c. Signed and Stamped by | | |
| | Au | gust 5, 2020 | 1" = 40' | | |
| | d. F | inal Revision Date | e. Scale | | |
| | f. A | dditional Plan or Document Title | g. Date | | |
| | 5. 🛚 | If there is more than one property owner listed on this form. | , please attach a list of these property owners not | | |
| | 6. 🛛 | Attach proof of mailing for Natural Herita | ge and Endangered Species Program, if needed. | | |
| | 7. | Attach proof of mailing for Massachusett | s Division of Marine Fisheries, if needed. | | |
| | 8. 🛮 | Attach NOI Wetland Fee Transmittal For | m | | |
| 9. Attach Stormwater Report, if needed. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Ε. | Fees | | | | |
| Fee Exempt: No filing fee shall be assessed for projects of any city, town, county, or di of the Commonwealth, federally recognized Indian tribe housing authority, municipal housing authority, or the Massachusetts Bay Transportation Authority. | | | zed Indian tribe housing authority, municipal housing | | |
| | | Applicants must submit the following information (in addition to pages 1 and 2 of the NOI Wetland Fee Transmittal Form) to confirm fee payment: | | | |
| | 2340 | , | 8/19/20 | | |
| | | ipal Check Number | 3. Check date | | |
| | 2341 | • | 8/19/20 | | |
| | | Check Number | 5. Check date | | |
| | Renee | | Copper | | |
| 6. Payor name on check: First Name 7. Payor name on check: Last Name | | | 7. Payor name on check: Last Name | | |

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| ī | Document Transaction Number | | | |
| | Document Transaction Number | | | |
| | | | | |
| _ | | | | |
| (| City/Town | | | |

F. Signatures and Submittal Requirements

I hereby certify under the penalties of perjury that the foregoing Notice of Intent and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge. I understand that the Conservation Commission will place notification of this Notice in a local newspaper at the expense of the applicant in accordance with the wetlands regulations, 310 CMR 10.05(5)(a).

I further certify under penalties of perjury that all abutters were notified of this application, pursuant to the requirements of M.G.L. c. 131, § 40. Notice must be made by Certificate of Mailing or in writing by hand delivery or certified mail (return receipt requested) to all abutters within 100 feet of the property line of the project location.

| Lewelell | 08-19-2020 |
|---|------------|
| Signature of Applicant | 2. Date |
| Calla Strutt | 08-19-2020 |
| 3,3 ignature of Property Owner (if different) | 4. Date |
| Lefull of the | 08-19-2020 |
| 5. Signature of Representative (if any) | 6. Date |

For Conservation Commission:

Two copies of the completed Notice of Intent (Form 3), including supporting plans and documents, two copies of the NOI Wetland Fee Transmittal Form, and the city/town fee payment, to the Conservation Commission by certified mail or hand delivery.

For MassDEP:

One copy of the completed Notice of Intent (Form 3), including supporting plans and documents, one copy of the NOI Wetland Fee Transmittal Form, and a **copy** of the state fee payment to the MassDEP Regional Office (see Instructions) by certified mail or hand delivery.

Other

If the applicant has checked the "yes" box in any part of Section C, Item 3, above, refer to that section and the Instructions for additional submittal requirements.

The original and copies must be sent simultaneously. Failure by the applicant to send copies in a timely manner may result in dismissal of the Notice of Intent.



Massachusetts Department of Environmental Protection

Bureau of Resource Protection - Wetlands

NOI Wetland Fee Transmittal Form

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





| A. Applica | nt Information | | | | |
|----------------|----------------------|------------------------|-------------|--|--|
| 1. Location of | Location of Project: | | | | |
| 30 Lawrenc | e Road | Boxford | | | |
| a. Street Addr | | b. City/Town | | | |
| 2341 | | \$250.00 | | | |
| c. Check num | oer | d. Fee amount | | | |
| 2. Applicant M | lailing Address: | | | | |
| Renee | | Cooper | | | |
| a. First Name | | b. Last Name | | | |
| c. Organizatio | n | | | | |
| 335b Middle | eton Road | | | | |
| d. Mailing Add | ress | | | | |
| Boxford | | MA | 01921 | | |
| e. City/Town | | f. State | g. Zip Code | | |
| 978-361-50 | 80 | renee@bodyambition.com | | | |
| h. Phone Num | ber i. Fax Number | j. Email Address | | | |
| 3. Property Ov | wner (if different): | | | | |
| Erika | | Straub (Trustee) | | | |
| a. First Name | | b. Last Name | | | |
| Odessa Tru | ıst | | | | |
| c. Organizatio | n | | | | |
| 30 Lawrenc | e Road | | | | |
| d. Mailing Add | ress | | | | |
| Boxford | | MA | 01921 | | |
| e. City/Town | | f. State | g. Zip Code | | |
| 978-590-20 | 71 text | mynavagator@gmail.com | | | |
| only (Deaf) | i. Fax Number | i. Email Address | | | |

To calculate filing fees, refer to the category fee list and examples in the instructions for filling out WPA Form 3 (Notice of Intent).

B. Fees

Fee should be calculated using the following process & worksheet. *Please see Instructions before filling out worksheet.*

Step 1/Type of Activity: Describe each type of activity that will occur in wetland resource area and buffer zone.

Step 2/Number of Activities: Identify the number of each type of activity.

Step 3/Individual Activity Fee: Identify each activity fee from the six project categories listed in the instructions.

Step 4/Subtotal Activity Fee: Multiply the number of activities (identified in Step 2) times the fee per category (identified in Step 3) to reach a subtotal fee amount. Note: If any of these activities are in a Riverfront Area in addition to another Resource Area or the Buffer Zone, the fee per activity should be multiplied by 1.5 and then added to the subtotal amount.

Step 5/Total Project Fee: Determine the total project fee by adding the subtotal amounts from Step 4.

Step 6/Fee Payments: To calculate the state share of the fee, divide the total fee in half and subtract \$12.50. To calculate the city/town share of the fee, divide the total fee in half and add \$12.50.



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| B. Fees (continued) | | | |
|---|-----------------------------|--------------------------------------|--|
| Step 1/Type of Activity | Step 2/Number of Activities | Step 3/Individual Activity Fee | Step 4/Subtotal Activity Fee |
| Crane Setting Modular home onto Existing Foundation | 2 (a) | 500.00 | 500.00 |
| | | | |
| | Step 5/T | otal Project Fee: | |
| | | - | |
| | Step 6 | Fee Payments: | |
| | Total | Project Fee: | a. Total Fee from Step 5 |
| | State share of filing Fee: | | 250.00 |
| | City/Town shar | e of filling Fee: | 250.00 c. 1/2 Total Fee plus \$12.50 |

C. Submittal Requirements

a.) Complete pages 1 and 2 and send with a check or money order for the state share of the fee, payable to the Commonwealth of Massachusetts.

Department of Environmental Protection Box 4062 Boston, MA 02211

b.) **To the Conservation Commission:** Send the Notice of Intent or Abbreviated Notice of Intent; a **copy** of this form; and the city/town fee payment.

To MassDEP Regional Office (see Instructions): Send a copy of the Notice of Intent or Abbreviated Notice of Intent; a **copy** of this form; and a **copy** of the state fee payment. (E-filers of Notices of Intent may submit these electronically.)