

Massachusetts Department of Environmental Protection Bureau of Resource Protection - Wetlands

Franklin 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.	Applicant:			
	Town of Franklin - Department of Public Works	crebelo@fra	ınklinma.gov	
	Name 257 Fisher Street	E-Mail Address	3	
	Mailing Address Franklin	MA	02038	
	City/Town 508-553-5554	State	Zip Code	
	Phone Number	Fax Number (if	applicable)	
2.	Representative (if any):			
	Firm			
	Contact Name	E-Mail Address	3	
	Mailing Address			
	City/Town	State	Zip Code	
Phone Number		Fax Number (il	Fax Number (if applicable)	
B.	a. whether the area depicted on plan(s) and/or map(s) jurisdiction of the Wetlands Protection Act. b. whether the boundaries of resource area(s) depict below are accurately delineated. c. whether the work depicted on plan(s) referenced be	s) referenced below to ted on plan(s) and/o	r map(s) referenced Wetlands Protection Act.	
***************************************	d. whether the area and/or work depicted on plan(s) of any municipal wetlands ordinance or bylaw of: Franklin	reterenced below is	subject to the jurisdiction	
	Name of Municipality			
	e. whether the following scope of alternatives is addepicted on referenced plan(s).	equate for work in the	e Riverfront Area as	

C.	Project Description	
1.	a. Project Location (use maps and plans to	identify the location of the area subject to this request):
	Select areas townwide	Franklin
	Street Address	City/Town
	Assessors Map/Plat Number	Parcel/Lot Number
	b. Area Description (use additional paper, if	necessary):
	Select areas that are identified to have hazar needing removal. See attached 2022-2026 V	d, noxious, detrimental and/or invasive vegetation egetation
	c. Plan and/or Map Reference(s):	
	Town of Franklin Vegetation Management Pla	an 2022-2026 2022
	Title	Date
	Title	Date
	Title	Date
2.	a. Work Description (use additional paper a	nd/or provide plan(s) of work, if necessary):

See attached 2022-2026 Town of Franklin Vegetation Management Plan

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.	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.)
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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 257 Fisher Street	
Mailing Address Franklin	
City/Town MA	02038
State	Zip Code
	will be placed in a local newspaper at my expense
accordance with Section 10.05(3)(b)(1) of the V	
accordance with Section 10.05(3)(1) of the v	6-14-32
Signature of Applicant	
Cash Cella	6-14-22

Name and address of the property owner: