



# 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:

Michael Hyman michaelhymanmvh33@comcast.net  
 Name E-Mail Address

12 Dassance Dr  
 Mailing Address

Foxboro MA 02035  
 City/Town State Zip Code

508-269-1032  
 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)

RECEIVED  
FEB 04 2021  
CONSERVATION  
COMMISSION

## B. Determinations

1. I request the Foxborough 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:

\_\_\_\_\_  
Name of Municipality

- e. whether the following **scope of alternatives** is adequate for work in the Riverfront Area as depicted on referenced plan(s).



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## C. Project Description

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

12 Dassance Dr

Street Address

126

Assessors Map/Plat Number

Foxboro

City/Town

5421

Parcel/Lot Number

- b. Area Description (use additional paper, if necessary):

Back yard of property

- 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):

Request ailing for removal of two trees previously approved within the buffer zone. This work was determined not to alter an area subject to protection. Removal to be performed in same manner.



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### 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.)



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

\_\_\_\_\_  
City/Town

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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:

Michael Hyman	_____
Name	_____
12 Dassance Dr	_____
Mailing Address	_____
Foxboro	_____
City/Town	_____
MA	_____
State	_____
	02035
	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
	1/31/2021

_____	_____
Signature of Representative (if any)	Date

