

Important:

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

forms on the computer, use only the tab key to move your		I SHERRICHS FARM ROAD	RAJSAINI O SHAN SAVE LISE E-Mail Address	
cursor - do not use the return		Mailing Address	MA	02188
key.		City/Town	State	Zip Code
200		617. 680. SUG7 Phone Number	Fax Number (if a	oplicable)
(return X	2.	Representative (if any):		
		Firm		
		Contact Name	E-Mail Address	
		Mailing Address		
		City/Town	State	Zip Code
		Phone Number	Fax Number (if ap	oplicable)
	B.	Determinations I request the well-make the following	data a di di di	
	١.	Conservation Commission Take 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 of below are accurately delineated.	on plan(s) and/or n	nap(s) referenced
		c. whether the work depicted on plan(s) referenced below	is subject to the W	etlands Protection Act.
		d. whether the area and/or work depicted on plan(s) refer of any municipal wetlands ordinance or bylaw of:		
		Name of Municipality		
		e. whether the following scope of alternatives is adequa depicted on referenced plan(s).	te for work in the F	Riverfront Area as



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1.	 a. Project Location (use maps and plans to identify the location of the area sub 	ject to this request):
	1 SHERMICES FM ROOD WEYMOUTH	7
	Street Address City/Town	
	MAP 28 BLOW 308 BLOW 2	3
	Assessors Map/Plat Number Parcel/Lot Number	
	b. Area Description (use additional paper, if necessary):	
	PLUPOSE SUNDER ON EXTING ARE	1 DECK
	TREFOSE SUN DELL ON EXTING HIVE	7 567-
	c. Plan and/or Map Reference(s):	
	1 SHERRICKS FARM ROAD LOCUS MAR	10/04/2
	Title	Date
	1 SHERRICKS FARM ROAD LOCUS MAR	10/04/25
	Title	Date
	Title	Date
2.	a. Work Description (use additional paper and/or provide plan(s) of work, if nec	essarv):
		FCK
	THOUSE SUN ROOM ON EXTING D	FUL



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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

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C. Project Description (cont.)	C. Pr	oject	Descrip	otion (cont.)
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	necessary).			
3.	a. If this application is a Request for Determination of Scope of Alter Riverfront Area, indicate the one classification below that best describ			
	☐ 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 before 8/7/96	the applicant owned the lot		
	☐ 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 restriction limiting total alteration of the Riverfront Area for the ent			
	Residential subdivision; institutional, industrial, or commercial pro	ject		
	☐ Municipal project			
	☐ District, county, state, or federal government project			
	Project required to evaluate off-site alternatives in more than one Environmental Impact Report under MEPA or in an alternatives at application for a 404 permit from the U.S. Army Corps of Enginee Certification from the Department of Environmental Protection.	nalysis pursuant to an		
	b. Provide evidence (e.g., record of date subdivision lot was recorde above (use additional paper and/or attach appropriate documents, if r	ed) supporting the classification 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 and address of the property owner:			
KATMINDER SAIN,			
SHERLICKS FARM	Roan		
Mailing Address	- 001		
WEYMOUTH WA	02188		
City/Town			
MACC	02188		
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.			
Signature of Applicant	Date 10/04/22		
Signature of Applicant	Date		
Cinnature of Depressentative /if only	Ditt		
Signature of Representative (if any)	Date		



1 Sherricks Farm Rd LOCUS Map 10-04-22

