



WPA/GWB Form 3 – Notice of Intent

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40,
and Topsfield General Wetlands Bylaw, Ch. 62

Map/Lot: _____

MassDEP File Number _____

Document Transaction Number _____

Topsfield _____

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

R

1. Project Location (**Note:** electronic filers will click on button to locate project site):

a. Street Address _____

b. City/Town _____

c. Zip Code _____

Latitude and Longitude:

d. Latitude _____

e. Longitude _____

f. Assessors Map/Plat Number _____

g. Parcel /Lot Number _____

2. Applicant:

a. First Name _____

b. Last Name _____

c. Organization _____

d. Street Address _____

e. City/Town _____

f. State _____

g. Zip Code _____

h. Phone Number _____

i. Fax Number _____

j. Email Address _____

3. Property owner (required if different from applicant): Check if more than one owner

a. First Name _____

b. Last Name _____

c. Organization _____

d. Street Address _____

e. City/Town _____

f. State _____

g. Zip Code _____

h. Phone Number _____

i. Fax Number _____

j. Email address _____

4. Representative (if any):

a. First Name _____

b. Last Name _____

c. Company _____

d. Street Address _____

e. City/Town _____

f. State _____

g. Zip Code _____

h. Phone Number _____

i. Fax Number _____

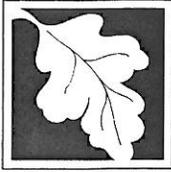
j. Email address _____

5. Total WPA Fee Paid (from NOI Wetland Fee Transmittal Form):

a. Total Fee Paid _____

b. State Fee Paid _____

c. City/Town Fee Paid _____



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A. General Information (continued)

6. General Project Description:

7a. Project Type Checklist: (Limited Project Types see 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 treated as a limited project (including Ecological Restoration Limited Project) subject to 310 CMR 10.24 (coastal) or 310 CMR 10.53 (inland)?

1. Yes No If yes, describe which limited project applies to this project. (See 310 CMR 10.24 and 10.53 for a complete list and description of limited project types)

2. Limited Project Type

If the proposed activity is eligible to be treated as an Ecological Restoration Limited Project (310 CMR10.24(8), 310 CMR 10.53(4)), complete and attach Appendix A: Ecological Restoration Limited Project Checklist and Signed Certification.

8. Property recorded at the Registry of Deeds for:

a. County

b. Certificate # (if registered land)

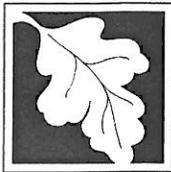
c. Book

d. Page Number

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

- 1. Buffer Zone Only – Check if the project is located only in the Buffer Zone of a Bordering Vegetated Wetland, Inland Bank, or Coastal Resource Area.
- 2. Inland Resource Areas (see 310 CMR 10.54-10.58; if not applicable, go to Section B.3, Coastal Resource Areas).

Check all that apply below. Attach narrative and any 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.



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

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

Resource Area	Size of Proposed Alteration	Proposed Replacement (if any)
a. <input type="checkbox"/> Bank	1. linear feet _____	2. linear feet _____
b. <input type="checkbox"/> Bordering Vegetated Wetland	1. square feet _____	2. square feet _____
c. <input type="checkbox"/> Land Under Waterbodies and Waterways	1. square feet _____ 3. cubic yards dredged _____	2. square feet _____

Resource Area	Size of Proposed Alteration	Proposed Replacement (if any)
d. <input type="checkbox"/> Bordering Land Subject to Flooding	1. square feet _____ 3. cubic feet of flood storage lost _____	2. square feet _____ 4. cubic feet replaced _____
e. <input type="checkbox"/> Isolated Land Subject to Flooding	1. square feet _____ 2. cubic feet of flood storage lost _____	3. cubic feet replaced _____
f. <input type="checkbox"/> Riverfront Area	1. Name of Waterway (if available) - specify coastal or inland _____	

2. Width of Riverfront Area (check one):

- 25 ft. - Designated Densely Developed Areas only
- 100 ft. - New agricultural projects only
- 200 ft. - All other projects

3. Total area of Riverfront Area on the site of the proposed project: _____ square feet

4. Proposed alteration of the Riverfront Area:

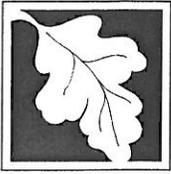
a. total square feet _____ b. square feet within 100 ft. _____ c. square feet between 100 ft. and 200 ft. _____

5. Has an alternatives analysis been done and is it attached to this NOI? Yes No

6. Was the lot where the activity is proposed created prior to August 1, 1996? Yes No

3. Coastal Resource Areas: (See 310 CMR 10.25-10.35)

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.

Online Users:
Include your document transaction number (provided on your receipt page) with all supplementary information you submit to the Department.

<u>Resource Area</u>	<u>Size of Proposed Alteration</u>	<u>Proposed Replacement (if any)</u>
a. <input type="checkbox"/> Designated Port Areas	Indicate size under Land Under the Ocean, below	
b. <input type="checkbox"/> Land Under the Ocean	_____	
	1. square feet	

	2. cubic yards dredged	
c. <input type="checkbox"/> Barrier Beach	Indicate size under Coastal Beaches and/or Coastal Dunes below	
d. <input type="checkbox"/> Coastal Beaches	_____	_____
	1. square feet	2. cubic yards beach nourishment
e. <input type="checkbox"/> Coastal Dunes	_____	_____
	1. square feet	2. cubic yards dune nourishment

	<u>Size of Proposed Alteration</u>	<u>Proposed Replacement (if any)</u>
f. <input type="checkbox"/> Coastal Banks	_____	
	1. linear feet	
g. <input type="checkbox"/> Rocky Intertidal Shores	_____	
	1. square feet	
h. <input type="checkbox"/> Salt Marshes	_____	_____
	1. square feet	2. sq ft restoration, rehab., creation
i. <input type="checkbox"/> Land Under Salt Ponds	_____	
	1. square feet	

	2. cubic yards dredged	
j. <input type="checkbox"/> Land Containing Shellfish	_____	
	1. square feet	
k. <input type="checkbox"/> Fish Runs	Indicate size under Coastal Banks, inland Bank, Land Under the Ocean, and/or inland Land Under Waterbodies and Waterways, above	

	1. cubic yards dredged	
l. <input type="checkbox"/> Land Subject to Coastal Storm Flowage	_____	
	1. square feet	

4. Restoration/Enhancement
If the project is for the purpose of restoring or enhancing a wetland resource area in addition to the square footage that has been entered in Section B.2.b or B.3.h above, please enter the additional amount here.

_____ a. square feet of BVW

_____ b. square feet of Salt Marsh

5. Project Involves Stream Crossings

_____ a. number of new stream crossings

_____ b. number of replacement stream crossings



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C. Other Applicable Standards and Requirements

- This is a proposal for an Ecological Restoration Limited Project. Skip Section C and complete Appendix A: Ecological Restoration Notice of Intent – 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:

**Natural Heritage and Endangered Species Program
Division of Fisheries and Wildlife
1 Rabbit Hill Road
Westborough, MA 01581**

b. Date of map _____

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.1.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

_____ percentage/acreage

(b) outside Resource Area

_____ 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

* Some projects not in Estimated Habitat may be located in Priority Habitat, and require NHESP review (see <http://www.mass.gov/eea/agencies/dfg/dfw/natural-heritage/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.

TCC 07/02/15



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

(c) MESA filing fee (fee information available at http://www.mass.gov/dfwele/dfw/nhesp/regulatory_review/ mesa/ mesa_fee_schedule.htm).
Make check payable to "Commonwealth of Massachusetts - NHESP" and **mail to NHESP** at above address

Projects altering 10 or more acres of land, also submit:

(d) Vegetation cover type map of site

(e) Project plans showing Priority & Estimated Habitat boundaries

(f) OR Check One of the Following

1. Project is exempt from MESA review.
Attach applicant letter indicating which MESA exemption applies. (See 321 CMR 10.14, http://www.mass.gov/dfwele/dfw/nhesp/regulatory_review/ mesa/ mesa_exemptions.htm; 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 # _____ b. Date submitted to NHESP _____

3. Separate MESA review completed.
Include copy of NHESP "no Take" determination or valid Conservation & Management Permit with approved plan.

3. For coastal projects only, is any portion of the proposed project located below the mean high water line or in a fish run?

a. Not applicable – project is in inland resource area only b. Yes No

If yes, include proof of mailing, hand delivery, or electronic delivery of NOI to either:

South Shore - Cohasset to Rhode Island border, and the Cape & Islands:

Division of Marine Fisheries -
Southeast Marine Fisheries Station
Attn: Environmental Reviewer
1213 Purchase Street – 3rd Floor
New Bedford, MA 02740-6694
Email: DMF.EnvReview-South@state.ma.us

North Shore - Hull to New Hampshire border:

Division of Marine Fisheries -
North Shore Office
Attn: Environmental Reviewer
30 Emerson Avenue
Gloucester, MA 01930
Email: DMF.EnvReview-North@state.ma.us

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.

R:10-17 TCC Form 1: TOPSFIELD GENERAL WETLANDS BYLAW: FEE CALCULATION

See Wetlands Protection Act (310 CMR 10.00) *Appendix B - WETLANDS FEE TRANSMITTAL FORM* to calculate fees due under State Regulations.

A. Request for Determination of Negligible Impact (RDNI), \$75.00 \$ _____

B. Request for Determination of Applicability (RDA)

- 1) To authorize minor work, calculate fee per D. 3) below: \$100 minimum. \$ _____
- 2) To review Resource Area delineation, for each Resource Area to be reviewed:
 \$.50 per linear foot of Resource Area; \$100 minimum. \$ _____

C. Abbreviated Notice of Resource Area Delineation (ANRAD)

\$.50 per linear foot of each Resource Area to be reviewed; \$50 minimum. \$ _____

D. Notice of Intent (NOI) (includes Abbreviated Notice of Intent)

1) To review Resource Area delineation:
Review required unless already done under prior RDA, ANRAD or NOI
 \$.50 per linear foot of each Resource Area to be reviewed; \$50 minimum. \$ _____

2) Repair or same design flow replacement of failed septic system
 [In this case, D. 3) does not apply]: \$200.00 \$ _____

3) To request to alter Resource Area

Where Resource Areas overlap, the higher fee shall be due.

- a) Buffer Zone _____ sq. ft. x \$.25/sq. ft.= \$ _____
- b) Land Subject to Flooding _____ sq. ft. x \$.25/sq. ft.= \$ _____
- c) Land Under Water _____ sq. ft. x \$.50/sq. ft.= \$ _____
- d) Banks (each bank) _____ linear ft. x \$5.00 = \$ _____
- e) Freshwater Wetland _____ sq. ft. x \$.50/sq. ft.= \$ _____
- f) Vernal Pool 100-foot Buffer Zone _____ sq. ft. x \$.50/sq. ft.= \$ _____
- g) 200-foot Riverfront Area _____ sq. ft. x \$.30/sq. ft.= \$ _____

4) To request project activity in Resource Area

- a) Review of Drainage System/Flood Control Structure
 - i) on single-family house lot \$150.00 \$ _____
 - ii) other \$500.00 \$ _____
- b) Restore to prior condition including waste clean-up: \$250.00 \$ _____

E. Request for Extension of Permit (OoC) or Delineation (ORAD): \$100.00 per lot \$ _____

F. Request to Amend Order of Conditions: \$100.00 \$ _____

G. Request for a Certificate of Compliance: \$100.00 \$ _____

TOTAL FEE under TOPSFIELD BYLAW \$ _____

TOTAL FEE under STATE REGULATIONS (State portion + Town portion – from *WPA Wetlands Fee Transmittal Form*) \$ _____

TOTAL FEES DUE \$ _____

Make Checks Payable As Follows:

1. **Commonwealth of Massachusetts** (State portion of State fee – from *WPA Wetlands Fee Transmittal Form*) \$ _____

[Send a copy of this check with 1 copy of the application to DEP-NERO.]

2. **Town of Topsfield** (Total of Town portion of the State fee + Total fee under Topsfield Bylaw) \$ _____

[Submit to TCC with Application.]

Fees are payable to the Town of Topsfield upon submittal of any of the above Applications/Requests, **A.** through **G.** See R:10-6. FEES. Payment of fees does not assure approval of proposed work. In general, fees are non-refundable, except when adjustments to Resource Area delineations, and/or changes in the scope or location of the project result in reduction of the Resource Areas to be altered. 09-23-2009

R:10-19. TCC Form 2: SITE VISIT AUTHORIZATION FORM

I give permission to the Topsfield Conservation Commission and its agent(s) to enter the property listed below at all times during which the subject matter is pending or ongoing before the Commission (until a Certificate of Compliance is issued in the case of an Order of Conditions or when any other document expires).

Street Address of Property:

Assessors Map and Parcel Number:

Name of Owner (please print) _____

Signature of Owner _____

Date _____

OR

Signature of Authorized Representative of Owner:

Date _____

Name of Owner's Authorized Representative (please print):

Representative's Address and Telephone Number:

**CERTIFICATION OF DISCLOSURE
OF PERSONAL INTERESTS OF CONSULTANT(S)**
(Pursuant to Topsfield Wetland Regulation R:10-5.c)

To: Topsfield Conservation Commission

From --Name: _____

Title: _____

Company: _____

License/Registration # (if any): _____

Telephone #: _____

Address: _____

Re: (Circle one) **Certification** **Disclosure**

Project Description: _____

Project Location: _____ (Topsfield, MA)

(Check one)

- I hereby certify to the Commission that neither I nor any member of my company or family, nor any business partner or associate has any interest in the above project beyond standard reasonable fees paid for objective professional services rendered on the project.

OR

- I hereby disclose the following interest(s) in the above-described project:

Nature of interest(s): _____

Persons/entities holding the interest(s): _____

R:10-18. TCC Form 4
TOPSFIELD CONSERVATION COMMISSION

To the Applicant:

Upon filing a Request for Determination of Applicability, an Abbreviated Notice of Resource Area Delineation, a Notice of Intent or an Abbreviated Notice of Intent under the Topsfield General Wetlands Bylaw, you are required to notify all abutters within **100** feet of the property for which the filing is made.

An abutter is the owner of property within one hundred feet of the boundary of the applicant's/project property, including property located across a street, way, river or stream within the one hundred feet.

You can obtain the names and addresses at the Assessor's Office at the Topsfield Town Hall. Please produce the list and proof of notification at the first Public Hearing/Meeting for your project.

List of abutters to property located at _____

List prepared by _____

List of Abutters:

R:10-27. TCC FORM 5 Notification of Abutters Under The Massachusetts Wetlands Protection Act and/or The Topsfield General Wetlands Bylaw

In accordance with the second paragraph of the Massachusetts General Laws Chapter 131, Section 40, and Section 62-7. of the Topsfield General Wetlands Bylaw, you are hereby notified of the following:

A. The Name of the applicant is: _____

B. The applicant has filed a:

_____ Request for Determination of Applicability (RDA)

_____ Notice of Intent (NoI)

_____ Abbreviated Notice of Intent (ANoI)

_____ Abbreviated Notice of Resource Area Delineation (ANRAD)

_____ Other

with the **Topsfield Conservation Commission** seeking:

within/of an Area Subject to Jurisdiction/Protection under the Massachusetts Wetlands Protection Act and/or the Topsfield General Wetlands Bylaw.

C. The Address of the property where the activity is proposed is:

D. Copies of the request or permit application may be examined at the **TOPSFIELD CONSERVATION COMMISSION OFFICE, TOPSFIELD TOWN HALL, 8 WEST COMMON STREET, TOPSFIELD** between the hours of **9:00 AM** and **12:00 PM** on **MONDAY** and **WEDNESDAY**, or call for an appointment at 978-887-1510.

E. Copies of the Request or Permit Application may be obtained by calling 978-887-1510. **THERE IS A 25 CENTS PER PAGE CHARGE FOR COPYING EXPENSES.**

F. Information regarding the date, time, and place of the Public Meeting/Hearing may be obtained from **THE TOPSFIELD TOWN HALL BULLETIN BOARD**, (MONDAY – THURSDAY 8:00 a.m. - 4:00 p.m. and FRIDAY 8:00 a.m. - Noon) not less than forty-eight (48) hours in advance, or by contacting the Topsfield Conservation Commission office at 978-887-1510 between the hours of 9:00 a.m. and 12:00 p.m. on **MONDAY** and **WEDNESDAY**.

NOTE: Notice of the public meeting/hearing, including date, time and place, will be published at least five (5) business days in advance in a local newspaper.

NOTE: You also may contact The Topsfield Conservation Commission or the DEP NORTHEAST REGIONAL OFFICE at 978-694-3200 for more information about this application, the Wetlands Protection Act, or the General Wetlands Bylaw.