



Massachusetts Department of Environmental Protection

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**Submittal Platform for WPA Form 1 - Request for
Determination of Applicability**

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

A. General Information

1. Project Location:

a. Street Address 0 WINTER STREET

b. City/Town MAYNARD c. State MA d. Zip Code 01754

e. Latitude 42.42575 N f. Longitude 71.46859 W

g. Map/Plat # 18 h. Parcel/Lot # 189

i. Project Description INSTALL STONE DUST PAD 10X15 FT

2. Applicant:

Individual Organization

a. First Name _____ b. Last Name _____

c. Organization TOWN OF MAYNARD CONSERVATION COMMISSION

d. Mailing Address 195 MAIN STREET

e. City/Town MAYNARD f. State MA g. Zip Code 01754

h. Phone Number 978-897-1360 i. Email jflanary@townofmaynard.net

3. Property Owner:

more than one owner

a. First Name _____ b. Last Name _____

c. Organization TOWN OF MAYNARD CONSERVATION COMMISSION

d. Mailing Address 195 MAIN STREET

e. City/Town MAYNARD f. State MA g. Zip Code 01754

h. Phone Number 978-897-1360 i. Email jflanary@townofmaynard.net