

WPA Form 3 - Notice of Intent

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

Provided by MassDEP:

MassDEP File Number

Document Transaction Number

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.

Project Location (Note: electronic filers w		
3.5,9,11 FARWELL CIZCLE	D. City/Town	MA OZAGE
	b. City/Town	c. Zip Code
atitude and Longitude:	d. Latitude	e. Longitude
Assessors Map/Plat Number	g. Parcel /Lot Number	
Applicant:		
Stoff Thelles	1 FILIF (ا ح
. First Name	b. Last Name	
Corganization OTC		
37 Junisher Rd		
. Street Address		
WESTON	M459	02493
c. City/Town	f. State	g Zip Code
i. Fax Number	TELLIER PROPE	RTIE COMAIL.C
i. rax rumbor	j. Ellian Adardo	
a. First Name	b. Last Name	
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a. First Name c. Organization	b. Last Name	
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c. Organization	b. Last Name	g. Zip Code
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c. Organization d. Street Address e. City/Town n. Phone Number i. Fax Number	f. State	g. Zip Code
c. Organization d. Street Address e. City/Town n. Phone Number Representative (if any):	f. State j. Email address Uowa	g. Zip Code
c. Organization d. Street Address e. City/Town n. Phone Number Representative (if any): CIECE HOLL a. First Name SP VAIA STANICES	f. State j. Email address Uowa	g. Zip Code
c. Organization d. Street Address e. City/Town n. Phone Number Representative (if any): C. Company c. Company	f. State j. Email address Uowa	g. Zip Code
c. Organization d. Street Address e. City/Town n. Phone Number Representative (if any): CIECE HOLL a. First Name SP VAIA STANICES	f. State j. Email address Uowa	g. Zip Code
c. Organization d. Street Address e. City/Town n. Phone Number Representative (if any): CTEOR HEALT a. First Name SP VanA STRUICES c. Company TI CUD HAM P.d. d. Street Address NEWYON	f. State j. Email address Uowa	coeste s
c. Organization d. Street Address e. City/Town n. Phone Number Representative (if any): STEUR STRUM a. First Name SP VANA STRUM CES c. Company THE WAY HAW RED d. Street Address	f. State j. Email address Uowa	g. Zip Code
c. Organization d. Street Address e. City/Town n. Phone Number Representative (if any): CTEOR HEALT a. First Name SP VanA STRUICES c. Company TI CUD HAM P.d. d. Street Address NEWYON	f. State j. Email address Uowa	creft 5

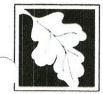


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4.	General Information (continued)				
6.	General Project Description:				
'a.	Project Type Checklist: (Limited Project Types	see Sec	tion	A. 7b.)	
	Single Family Home	2.	V	Residential Subdivision	
	3. Commercial/Industrial	4.		Dock/Pier	
	5. Utilities	6.		Coastal engineering Str	ucture
	7. Agriculture (e.g., cranberries, forestry)	8.		Transportation	
	9. Other				
b.		R 10.24 mited p	(coa	as a limited project (incluastal) or 310 CMR 10.53 ct applies to this project. and description of limited	(nland)? (See 310 CMR
	2. Limited Project Type				
	If the proposed activity is eligible to be treated a CMR10.24(8), 310 CMR 10.53(4)), complete an Project Checklist and Signed Certification.	is an Ed id attac	colog n Ap	gical Restoration Limited opendix A: Ecological Res	Project (310 toration Limited
3.	Property recorded at the Registry of Deeds for:				
	Massinger County		0 - 10	ficate # (if registered land)	
	a. County	D.	Certii	1. (S)	
	c. Book	d.	Page	Number	
3.	Buffer Zone & Resource Area In	npac	is (temporary & perma	nent)
2.	Buffer Zone Only – Check if the project is lovegetated Wetland, Inland Bank, or Coasta Inland Resource Areas (see 310 CMR 10.5 Coastal Resource Areas).	I Resou	ırce	Area.	
	Check all that apply below. Attach narrative and project will meet all performance standards for standards requiring consideration of alternative	each of	the	resource areas altered, in	cribing how the ncluding



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

Resource Area Size of Proposed Alteration Proposed Replacement (if any) Bank 1. linear feet 2. linear feet b. 🗌 **Bordering Vegetated** Wetland 1. square feet 2. square feet c. 🗌 Land Under 1. square feet 2. square feet Waterbodies and Waterways 3. cubic yards dredged Resource Area Size of Proposed Alteration Proposed Replacement (if any) d. [Bordering Land Subject to Flooding 1. square feet 2. square feet 3. cubic feet of flood storage lost 4. cubic feet replaced е. 🔲 Isolated Land 1. square feet Subject to Flooding 2. cubic feet of flood storage lost 3. cubic feet replaced LIVER Riverfront Area 1. Name of Waterway (if available) - specify coastal or inland 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: c. square feet between 100 ft. and 200 ft. b. square feet within 100 ft. a. total square feet Yes No 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? 3. Coastal Resource Areas: (See 310 CMR 10.25-10.35)

Note: for coastal riverfront areas, please complete Section B.2.f. above.

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



Massachusetts Department of Environmental Protection

Bureau of Resource Protection - Wetlands

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

Check all that apply below. Attach narrative and supporting documentation describin 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.

Resource Area Size of Proposed		Alteration	Proposed Rep	acement (if any)		
	а. 🔲	Designated Port Areas	Indicate size under Land Under the Ocean, below			V
	b. 🔲	Land Under the Ocean	1. square feet			
			2. cubic yards dredge	d		
	с. 🗌	Barrier Beach	Indicate size under Coastal Beaches and/or Coastal Dunes belo			al Dunes below
	d. 🔲	Coastal Beaches	1. square feet		2. cubic yards bea	ch nourishment
	е. 🔲	Coastal Dunes	1. square feet		2. cubic yards dur	e nourishment
			Size of Proposed	Alteration	Proposed Repla	cement (if any)
	f. 🔲	Coastal Banks	1. linear feet			
	g. 🗌	Rocky Intertidal Shores	1. square feet			
	h. 🔲	Salt Marshes	1. square feet		2. sq ft restoration	, rehab., creation
	i. 🔲	Land Under Salt Ponds	1. square feet			
			2. cubic yards dredge	ed	8	
	j. 🔲	Land Containing Shellfish	1. square feet			
	k. 🔲	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 dredge	ed	,	
	1.	Land Subject to Coastal Storm Flowage	1. square feet	the state of the s		
4.						
	a. squar	e feet of BVW		b. square feet of	Salt Marsh	
5.	☐ Pr	oject Involves Stream Cros	ssings			
	a. numb	er of new stream crossings		b. number of repla	acement stream cross	ngs



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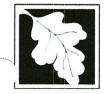
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.,,.	described to the first of the content of the conten	
	City/Town	
C.	Other Applicable Standards and Requirements	
	This is a proposal for an Ecological Restoration Limited Project. Skip Section complete Appendix A: Ecological Restoration Limited Project Checklists – Rei (310 CMR 10.11).	
Str	eamlined Massachusetts Endangered Species Act/Wetlands Protection A	ct Review
1.	Is any portion of the proposed project located in Estimated Habitat of Rare Wildlife the most recent Estimated Habitat Map of State-Listed Rare Wetland Wildlife published Natural Heritage and Endangered Species Program (NHESP)? To view habitat maps Massachusetts Natural Heritage Atlas or go to http://maps.massgis.state.ma.us/PRI EST HAB/viewer.htm.	d by the
	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) CMR 10.18). To qualify for a streamlined, 30-day, MESA/Wetlands Protection Act rev complete Section C.1.c, and include requested materials with this Notice of Intent (NC complete Section C.2.f, if applicable. If MESA supplemental information is not include by completing Section 1 of this form, the NHESP will require a separate MESA filing to 90 days to review (unless noted exceptions in Section 2 apply, see below).	iew, please DI); OR d with the NOI,
	c. Submit Supplemental Information for Endangered Species Review*	
	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 wetlands jurisdiction, showing existing and proposed conditions, existing and propose tree/vegetation clearing line, and clearly demarcated limits of work **	utside of ed
	Project description (including description of impacts outside of wetland re buffer zone)	source area &
	(b) Photographs representative of the site	1.0

^{*} Some projects **not** in Estimated Habitat may be located in Priority Habitat, and require NHESP review (see https://www.mass.gov/maendangered-species-act-mesa-regulatory-review).

Priority Habitat includes habitat for state-listed plants and strictly upland species not protected by the Wetlands Protection Act.

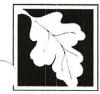
*** MESA projects may not be segmented (321 CMR 10.16). The applicant must disclose full development plans even if such plans are not required as part of the Notice of Intent process.



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			City/Town			
C.	C. Other Applicable Standards and Requirements (cont'd)					
	/					
	(c) 🔽	MESA filing fee (fee information availab	ole at https://www.mass.gov/how-to/how-to-file	e-for-		
			sachusetts - NHESP" and <i>mail to NHESP</i> at			
		address				
	Projects	s altering 10 or more acres of land, also sub	nit:			
	(d)	Vegetation cover type map of site	£			
	(e)	Project plans showing Priority & Estima	ted Habitat boundaries			
	(f) OF	R Check One of the Following				
	1. 🗌	https://www.mass.gov/service-details/e	MESA exemption applies. (See 321 CMR 10. xemptions-from-review-for-projectsactivities-in nt to NHESP if the project is within estimated			
		habitat pursuant to 310 CMR 10.37 and	l 10.59.)			
	2. 🔲	Separate MESA review ongoing.	a. NHESP Tracking # b. Date submitted to NH	IESP		
	3. 🗌	Separate MESA review completed. Include copy of NHESP "no Take" dete Permit with approved plan.	rmination or valid Conservation & Manageme	nt		
3.	For coasta		osed project located below the mean high wat	ter		
	a. Not a	applicable – project is in inland resource	area only b. Yes No			
	If yes, inclu	ide proof of mailing, hand delivery, or ele	ectronic delivery of NOI to either:			
	South Shore the Cape &	e - Cohasset to Rhode Island border, and Islands:	North Shore - Hull to New Hampshire border:			
	Southeast M Attn: Environ 836 South F New Bedford	Marine Fisheries - Marine Fisheries Station Inmental Reviewer Rodney French Blvd. d, MA 02744 .envreview-south@mass.gov	Division of Marine Fisheries - North Shore Office Attn: Environmental Reviewer 30 Emerson Avenue Gloucester, MA 01930 Email: dmf.envreview-north@mass.gov			
	please con		ense. For coastal towns in the Northeast Reg tal towns in the Southeast Region, please cor			
	c. 🔲 🛮 Is	this an aquaculture project?	d. 🗌 Yes 🔲 No			
	If yes, inclu	de a copy of the Division of Marine Fish	eries Certification Letter (M.G.L. c. 130, § 57)			



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3.	Other	Applicable	Standards	and Red	uirements	(cont'd)
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	4.	Is any portion of the proposed project within an Area of Critical Environmental Concern (ACEC)?
Online Users: aclude your ocument		a. Yes No If yes, provide name of ACEC (see instructions to WPA Form 3 or MassDEP Website for ACEC locations). Note: electronic filers click on Website.
ansaction umber		b. ACEC
provided on your eceipt page) rith all	5.	Is any portion of the proposed project within an area designated as an Outstanding Resource Water (ORW) as designated in the Massachusetts Surface Water Quality Standards, 314 CMR 4.00?
upplementary oformation you		a. ☐ Yes ☑ No
ubmit to the epartment.	6.	Is any portion of the site subject to a Wetlands Restriction Order under the Inland Wetlands Restriction Act (M.G.L. c. 131, § 40A) or the Coastal Wetlands Restriction Act (M.G.L. c. 130, § 105)?
		a. Yes 1 No
	7.	Is this project subject to provisions of the MassDEP Stormwater Management Standards?
		a. Yes. Attach a copy of the Stormwater Report as required by the Stormwater Management Standards per 310 CMR 10.05(6)(k)-(q) and check if:
		1. Applying for Low Impact Development (LID) site design credits (as described in Stormwater Management Handbook Vol. 2, Chapter 3)
		2. A portion of the site constitutes redevelopment
		3. Proprietary BMPs are included in the Stormwater Management System.
		b. No. Check why the project is exempt:
		1. Single-family house
		2. Emergency road repair
		3. Small Residential Subdivision (less than or equal to 4 single-family houses or less than or equal to 4 units in multi-family housing project) with no discharge to Critical Areas.
	D.	Additional Information
		This is a proposal for an Ecological Restoration Limited Project. Skip Section D and complete Appendix A: Ecological Restoration Notice of Intent – Minimum Required Documents (310 CMR 10.12).
		Applicants must include the following with this Notice of Intent (NOI). See instructions for details.
		Online Users: Attach the document transaction number (provided on your receipt page) for any of the following information you submit to the Department.
		USGS or other map of the area (along with a narrative description, if necessary) containing sufficient information for the Conservation Commission and the Department to locate the site. (Electronic filers may omit this item.)
		2. Plans identifying the location of proposed activities (including activities proposed to serve as a Bordering Vegetated Wetland [BVW] replication area or other mitigating measure) relative

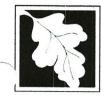
to the boundaries of each affected resource area.



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			City/Town	
D.	Add	itional Information (cont'd)		
	3.	Identify the method for BVW and other resource. Field Data Form(s), Determination of Application and attach documentation of the method	ability, Order of Resource Area D	MassDEP BVW elineation, etc.),
	4.	List the titles and dates for all plans and other	er materials submitted with this N	OI.
		Prepared By	c. Signed and Stamped by	
	-	inal Revision Date Province Planton Plan MWF	e. Scale	18.17
	f. A	dditional Plan or Document Title If there is more than one property owner, ple listed on this form.	g. Date	
	6.	Attach proof of mailing for Natural Heritage a	and Endangered Species Program	n, if needed.
	7.	Attach proof of mailing for Massachusetts Di	vision of Marine Fisheries, if nee	ded.
	8. 🔽	Attach NOI Wetland Fee Transmittal Form		
	9. 🗹	Attach Stormwater Report, if needed.		
E.	Fees			
	1. 🗹	Fee Exempt: No filing fee shall be assessed of the Commonwealth, federally recognized authority, or the Massachusetts Bay Transpo	Indian tribe housing authority, mu	
	Fee Tr	ants must submit the following information (in a ansmittal Form) to confirm fee payment: OFUED TO LONG PARTIES OF THE PARTIES	addition to pages 1 and 2 of the N	NOI Wetland
	4. State	min of Mass. (178- Check Number	5. Check date	30
	6. Payor	name on check: First Name	7. Payor name on check: Last Name	9



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F. Signatures and Submittal Requirements

I hereby certify under the penalties of perjury that the foregoing Notice of Intent and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge. I understand that the Conservation Commission will place notification of this Notice in a local newspaper at the expense of the applicant in accordance with the wetlands regulations, 310 CMR 10.05(5)(a).

I further certify under penalties of perjury that all abutters were notified of this application, pursuant to the requirements of M.G.L. c. 131, § 40. Notice must be made by Certificate of Mailing or in writing by hand delivery or certified mail (return receipt requested) to all abutters within 100 feet of the property line of the project location.

SCOTTELLER.	630.30
Signature of Applicant	2. Date
3. Signature of Property Owner (If different)	4. Date
Hart I	6.29.30
5. Signature of Representative (if any)	6. Date

For Conservation Commission:

Two copies of the completed Notice of Intent (Form 3), including supporting plans and documents, two copies of the NOI Wetland Fee Transmittal Form, and the city/town fee payment, to the Conservation Commission by certified mail or hand delivery.

For MassDEP:

One copy of the completed Notice of Intent (Form 3), including supporting plans and documents, one copy of the NOI Wetland Fee Transmittal Form, and a **copy** of the state fee payment to the MassDEP Regional Office (see Instructions) by certified mail or hand delivery.

Other:

If the applicant has checked the "yes" box in any part of Section C, Item 3, above, refer to that section and the Instructions for additional submittal requirements.

The original and copies must be sent simultaneously. Failure by the applicant to send copies in a timely manner may result in dismissal of the Notice of Intent.

Kerri M. Tellier J. Scott Tellier 87 Colonial Way Falmouth, MA 02540 May to the Falm C Thy St The Village Bank	## 1.8581.2 € 1 1 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The Village Bank	Ore thouse	Kerri M. Tellier J. Scott Tellier 87 Colonial Way Falmouth, MA 02540
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3700 29 21 23 3071852113 \$50 fee 700 flowers A	MER	ξ	\$ 1,0/2 50 50 Julius 0	53.7185/2113 J VMC 39 211 23

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100 DOLLARS	50 10	\$ 9	DATE 6/29/23		
	700	\$ 987 50	53-7172/2113	H - 0	1178

FOR