



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection - Wetlands
WPA Form 4A – Abbreviated Notice of
Resource Area Delineation
 Massachusetts Wetlands Protection Act M.G.L. c. 131, §40
 and Rockport Wetlands Protection By-law and Regulations

Provided by MassDEP:
62-0
 MassDEP File Number

 Document Transaction Number

Rockport
 City/Town

A. General Information

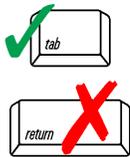
1. Project Location (**Note:** electronic filers will click on button for GIS locator):

_____ **Rockport** _____ **01966**
 a. Street Address b. City/Town c. Zip Code

Latitude and Longitude: _____
 d. Latitude e. Longitude

Map _____ **Lot** _____
 f. Assessors Map/Plat Number g. Parcel /Lot Number

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



2. Applicant:

_____ b. Last Name _____
 a. First Name

_____ c. Organization _____

_____ d. Mailing Address _____

_____ f. State _____ g. Zip Code _____
 e. City/Town

_____ h. Phone Number _____ i. Fax Number _____ j. Email Address _____

3. Property owner (if different from applicant):

Check if more than one owner (attach additional sheet with names and contact information)

_____ b. Last Name _____
 a. First Name

_____ c. Organization _____

_____ d. Mailing Address _____

_____ f. State _____ g. Zip Code _____
 e. City/Town

_____ h. Phone Number _____ i. Fax Number _____ j. Email Address _____

Note: Before completing this form consult your local Conservation Commission regarding any municipal bylaw or ordinance.

4. Representative (if any):

_____ b. Contact Person Last Name _____
 a. Contact Person First Name

_____ c. Organization _____

_____ d. Mailing Address _____

_____ f. State _____ g. Zip Code _____
 e. City/Town

_____ h. Phone Number _____ i. Fax Number _____ j. Email Address _____

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

_____ b. State Fee Paid _____ c. City/Town Fee Paid _____
 a. Total Fee Paid

Fees will be calculated for online users.



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B. Area(s) Delineated

1. Bordering Vegetated Wetland (BVW) _____ Linear Feet of Boundary Delineated
2. Check all methods used to delineate the Bordering Vegetated Wetland (BVW) boundary:
 - a. MassDEP BVW Field Data Form (attached)
 - b. Other Methods for Determining the BVW boundary (attach documentation):
 1. 50% or more wetland indicator plants
 2. Saturated/inundated conditions exist
 3. Groundwater indicators
 4. Direct observation
 5. Hydric soil indicators
 6. Credible evidence of conditions prior to disturbance
3. Indicate any other resource area boundaries that are delineated:

a. Resource Area	b. Linear Feet Delineated
c. Resource Area	d. Linear Feet Delineated

C. Additional Information

Applicants must include the following plans with this Abbreviated Notice of Resource Area Delineation. 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.

1. ANRAD (Delineation Plans only)
2. 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.)
3. Plans identifying the boundaries of the Bordering Vegetated Wetlands (BVW) (and/or other resource areas, if applicable).
4. List the titles and final revision dates for all plans and other materials submitted with this Abbreviated Notice of Resource Area Delineation.

D. Fees



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The fees for work proposed under each Abbreviated Notice of Resource Area Delineation must be calculated and submitted to the Conservation Commission and the Department (see Instructions and Wetland Fee Transmittal Form).

- Fee Exempt: No filing fee shall be assessed for projects of any city, town, county, or district of the Commonwealth, federally recognized Indian tribe housing authority, municipal housing authority, or the Massachusetts Bay Transportation Authority.

Applicants must submit the following information (in addition to the attached Wetland Fee Transmittal Form) to confirm fee payment:

- | | | | |
|------------------------------------|-------|-----------------------------------|-------|
| 2. Municipal Check Number | _____ | 3. Check date | _____ |
| 4. State Check Number | _____ | 5. Check date | _____ |
| 6. Payor name on check: First Name | _____ | 7. Payor name on check: Last Name | _____ |

E. Signatures

I certify under the penalties of perjury that the foregoing Abbreviated Notice of Resource Area Delineation and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge. I



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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 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.

I hereby grant permission, to the Agent or member of the Conservation Commission and the Department of Environmental Protection, to enter and inspect the area subject to this Notice at reasonable hours to evaluate the wetland resource boundaries subject to this Notice, and to require the submittal of any data deemed necessary by the Conservation Commission or Department for that evaluation.

I acknowledge that failure to comply with these certification requirements is grounds for the Conservation Commission or the Department to take enforcement action.

 1. Signature of Applicant

 2. Date

 3. Signature of Property Owner (if different)

 4. Date

 5. Signature of Representative (if any)

 6. Date

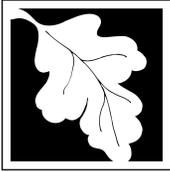
For Conservation Commission:

Two copies of the completed Abbreviated Notice of Resource Area Delineation (Form 4A), including supporting plans and documents; two copies of the ANRAD Wetland Fee Transmittal Form; and the city/town fee payment must be sent to the Conservation Commission by certified mail or hand delivery.

For MassDEP:

One copy of the completed Abbreviated Notice of Resource Area Delineation (Form 4A), including supporting plans and documents; one copy of the ANRAD Wetland Fee Transmittal Form; and a copy of the state fee payment must be sent to the MassDEP Regional Office (see Instructions) by certified mail or hand delivery. (E-filers may submit these electronically.)

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.



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 Bureau of Resource Protection - Wetlands
ANRAD Wetland Fee Transmittal Form
 Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

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A. Applicant Information

1. Location of Project:

a. Street Address _____ b. City/Town _____
 c. Fee amount _____ d. Check number _____

2. Applicant:

a. First Name _____ b. Last Name _____ c. Company _____
 d. Mailing Address _____
 e. City/Town _____ f. State _____ g. Zip Code _____
 h. Phone Number _____

3. Property Owner (if different):

a. First Name _____ b. Last Name _____ c. Company _____
 d. Mailing Address _____
 e. City/Town _____ f. State _____ g. Zip Code _____
 h. Phone Number _____

B. Fees

The fee is calculated as follows for each Resource Area Delineation included in the ANRAD (check applicable project type):

Bordering Vegetated Wetland:

Online users:
 check box if fee exempt.

1. single family house project a. feet of BVW _____ x \$2.00 = _____ b. Total fee not to exceed \$200
 2. all other projects a. feet of BVW _____ x \$2.00 = _____ b. Total fee not to exceed \$2,000

State share of filing fee: 3. 1/2 of total fee **less** \$12.50 _____

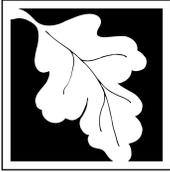
City/Town share of filing fee: 4. 1/2 of total fee **plus** \$12.50 _____

Other Resource Area (e.g., bank, riverfront area, etc.):

3. single family house project a. linear feet _____ x \$2.00 = _____ b. Total fee not to exceed \$200
 4. all other projects a. linear feet _____ x \$2.00 = _____ b. Total fee not to exceed \$2,000

State share of filing fee: 5. 1/2 of total fee **less** \$12.50 _____

City/Town share of filing fee: 6. 1/2 of total fee **plus** \$12.50 _____



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C. Submittal Requirements

- a.) Send a copy of this form, with a check or money order for the state share of the fee, payable to the Commonwealth of Massachusetts, to:

Department of Environmental Protection
Box 4062
Boston, MA 02211

- b.) **To the Conservation Commission:** Send the Abbreviated Notice of Resource Area Delineation; a **copy** of this form; and the city/town fee payment.
- c.) **To DEP Regional Office:** Send one copy of the Abbreviated Notice of Resource Area Delineation (and any additional documentation required as part of a Simplified Review Buffer Zone Project); a **copy** of this form; and a **copy** of the state fee payment. (E-filers of Notices of Intent may submit these electronically.)